

The Sentinel

***Human Rights Action :: Humanitarian Response :: Health :: Education ::
Heritage Stewardship :: Sustainable Development***

Period ending 6 May 2017

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, a program of the GE2P2 Global Foundation, which is solely responsible for its content. Comments and suggestions should be directed to:

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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, Heritage Stewardship, 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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Human Rights – U.S. Foreign Policy

Editor's Note:

We provide an excerpt below from US Secretary of State Rex Tillerson's extended remarks [available at [title link](#)] to State Department employees from 3 May. The bolded text highlights an apparent re-balancing of U.S. foreign policy – as enduring human rights "values" contend with an "America first" priority focused on national security and economic prosperity.

Remarks to U.S. Department of State Employees

Rex W. Tillerson
Secretary of State
Dean Acheson Auditorium
Washington, DC
May 3, 2017

[Excerpt; Editor's text bolding]

...So let's talk first about my view of how you translate "America first" into our foreign policy.

And I think I approach it really that it's America first for national security and economic prosperity, and that doesn't mean it comes at the expense of others. Our partnerships and our alliances are critical to our success in both of those areas. But as we have progressed over the last 20 years – and some of you could tie it back to the post-Cold War era as the world has changed, some of you can tie it back to the evolution of China since the post-Nixon era and China's rise as an economic power, and now as a growing military power – that as we participated in those changes, we were promoting relations, we were promoting economic activity, we were promoting trade with a lot of these emerging economies, and we just kind of lost track of how we were doing. And as a result, things got a little bit out of balance. And I think that's – as you hear the President talk about it, that's what he really speaks about, is: Look, things have gotten out of balance, and these are really important relationships to us and they're really important alliances, but we've got to bring them back into balance.

So whether it's our asking of NATO members to really meet their obligations, even though those were notional obligations, we understand – and aspirational obligation, we think it's important that those become concrete. And when we deal with our trading partners – that things have gotten a little out of bounds here, they've gotten a little off balance – we've got to bring that back into balance because it's not serving the interests of the American people well.

So it doesn't have to come at the expense of others, but it does have to come at an engagement with others. And so as we're building our policies around those notions, that's what we want to support. But at the end of it, it is strengthening our national security and promoting economic prosperity for the American people, and we do that, again, with a lot of partners.

Now, I think it's important to also remember that guiding all of our foreign policy actions are our fundamental values: our values around freedom, human dignity, the way people are

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treated. Those are our values. Those are not our policies; they're values. And the reason it's important, I think, to keep that well understood is policies can change. They do change. They should change. Policies change to adapt to the – our values never change. They're constant throughout all of this.

And so I think the real challenge many of us have as we think about constructing our policies and carrying out our policies is: How do we represent our values? And in some circumstances, if you condition our national security efforts on someone adopting our values, we probably can't achieve our national security goals or our national security interests. If we condition too heavily that others must adopt this value that we've come to over a long history of our own, it really creates obstacles to our ability to advance our national security interests, our economic interests. It doesn't mean that we leave those values on the sidelines. It doesn't mean that we don't advocate for and aspire to freedom, human dignity, and the treatment of people the world over. We do. And we will always have that on our shoulder everywhere we go.

But I think it is – I think it's really important that all of us understand the difference between policy and values, and in some circumstances, we should and do condition our policy engagements on people adopting certain actions as to how they treat people. They should. We should demand that. But that doesn't mean that's the case in every situation. And so we really have to understand, in each country or each region of the world that we're dealing with, what are our national security interests, what are our economic prosperity interests, and then as we can advocate and advance our values, we should – but the policies can do this; the values never change.

And so I would ask you to just – to the extent you could think about that a little bit, I think it's useful, because I know this is probably, for me, it's one of the most difficult areas as I've thought about how to formulate policy to advance all of these things simultaneously. It's a real challenge. And I hear from government leaders all over the world: You just can't demand that of us, we can't move that quickly, we can't adapt that quickly, okay? So it's how do we advance our national security and economic interests on this hand, our values are constant over here.

So I give you that as kind of an overarching view of how I think about the President's approach of "America first." We must secure the nation. We must protect our people. We must protect our borders. We must protect our ability to be that voice of our values now and forevermore. And we can only do that with economic prosperity. So it's foreign policy projected with a strong ability to enforce the protection of our freedoms with a strong military. And all of you that have been at this a long time understand the value of speaking with a posture of strength – not a threatening posture, but a posture of strength. People know we can back it up...

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Human Rights – Refugee and Migrant Children

[Refugee and migrant children stranded in European transit countries suffer psychologically in the face of uncertain future - UNICEF](#)

NEW YORK / GENEVA, 4 May 2017 – Nearly 75,000 refugees and migrants, including an estimated 24,600 children, currently stranded in Greece, Bulgaria, Hungary and the Western

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Balkans are at risk of psychosocial distress caused by living in a protracted state of limbo, UNICEF warned today. Despite having a legitimate right to join families in destination countries in Western Europe, like Germany or Sweden, most stranded asylum seekers do not know whether or when they will be permitted to move forward.

The situation is particularly acute for single mothers and children stuck in Greece or the Balkans waiting for reunification with family members in other EU countries. In many cases, adult males are the first family members to make the trip to Europe, with the rest of the family following later. But with the 2016 border closures and implementation of the EU-Turkey statement, other family members are being held up in transit countries from where they must apply for family reunification with their loved ones – a process that typically takes between 10 months and two years.

"We are seeing single mothers and children stranded in Greece, Serbia and Bulgaria who have not seen their husbands and fathers for months or even years," said Afshan Khan, UNICEF Regional Director and Special Coordinator for the Refugee and Migrant Crisis in Europe. "The family reunification process is slow, and its outcome uncertain, and it is this uncertainty which can cause significant emotional distress and anxiety for children and families, setting them back for years to come."

UNICEF and its partners in Greece are monitoring mental health and general depression among single mothers and children waiting for family reunification and providing psychosocial support. "Many single mothers are feeling stuck and seem to have lost motivation," said Sofia Tzelepi a lawyer working with UNICEF partner Solidarity Now. "Their emotional state affects their children."

Most of the family reunification requests originate from children and separated family members stranded in Greece, but because of the caseload and involvement of at least two EU member states, the process can be painstakingly slow. In 2016, nearly 5,000 family reunification requests, out of which 700 from unaccompanied and separated children, were made from Greece, with only 1,107 successful applicants having reached their destination country by the end of the year. Meanwhile, the number of refugees and migrants stranded in Greece, Hungary and the Western Balkans continues to grow – increasing by around 60 per cent over the past year from 47,000 in March 2016 to nearly 80,000 at the end of April.

"Keeping families together is the best way to ensure that children are protected, which is why the family reunification process for refugee and migrant children is so important," said Khan. "With the number of those stranded continuing to rise, it is incumbent on member states to alleviate procedural bottlenecks so that families can get back together as quickly as possible."...

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Editor's Note:

Complementing the UNICEF assessment above, we provide extended text from the American Academy of Pediatrics policy on detention of immigrant children in the U.S. The policy – developed by a professional medical association – addresses a devolving situation and, in our view, warrants a careful reading for its applicability to detention of children everywhere.

Detention of Immigrant Children

Julie M. Linton, Marsha Griffin, Alan J. Shapiro, COUNCIL ON COMMUNITY PEDIATRICS

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Abstract

Immigrant children seeking safe haven in the United States, whether arriving unaccompanied or in family units, face a complicated evaluation and legal process from the point of arrival through permanent resettlement in communities. The conditions in which children are detained and the support services that are available to them are of great concern to pediatricians and other advocates for children. In accordance with internationally accepted rights of the child, immigrant and refugee children should be treated with dignity and respect and should not be exposed to conditions that may harm or traumatize them. **The Department of Homeland Security facilities do not meet the basic standards for the care of children in residential settings.**

The recommendations in this statement call for limited exposure of any child to current Department of Homeland Security facilities (ie, Customs and Border Protection and Immigration and Customs Enforcement facilities) and for longitudinal evaluation of the health consequences of detention of immigrant children in the United States. From the moment children are in the custody of the United States, they deserve health care that meets guideline-based standards, treatment that mitigates harm or traumatization, and services that support their health and well-being. This policy statement also provides specific recommendations regarding post-release services once a child is released into communities across the country, including a coordinated system that facilitates access to a medical home and consistent access to education, child care, interpretation services, and legal services.

[Excerpt]

Policy Recommendations

Pediatricians have the opportunity to advocate for systems that mitigate trauma and protect the health and well-being of vulnerable immigrant children. Children, especially those who have been exposed to trauma and violence, should not be placed in settings that do not meet basic standards for children's physical and mental health and that expose children to additional risk, fear, and trauma. Until the unprecedented 2014 increase in Central American migration, children detained with a parent or legal guardian were released into the community. The government's decision in 2014 to place them in family detention was intended, in part, to send a message of deterrence abroad.⁸ It is the position of the AAP that children in the custody of their parents should never be detained, nor should they be separated from a parent, unless a competent family court makes that determination. In every decision about children, government decision-makers should prioritize the best interests of the child.⁵⁴

The following recommendations pertain to handling of immigrant children, including their health care, while they are in custody:

:: Treat all immigrant children and families seeking safe haven who are taken into US immigration custody with dignity and respect to protect their health and well-being.

:: Eliminate exposure to conditions or settings that may retraumatize children, such as those that currently exist in detention, or detention itself.

:: Separation of a parent or primary caregiver from his or her children should never occur, unless there are concerns for safety of the child at the hand of parent. Efforts should always be made to ensure that children separated from other relatives are able to maintain contact with them during detention.

:: While in custody, unaccompanied children and family units should be provided with child-friendly orientation and regular updates regarding their current status, expectations, and rights.

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Because conditions at CBP processing centers are inconsistent with AAP recommendations for appropriate care and treatment of children, children should not be subjected to these facilities.

:: Processing of children and family units should occur in a child-friendly manner, taking place outside current CBP processing centers or conducted by child welfare professionals, to provide conditions that emphasize the health and well-being of children and families at this critical stage of immigration proceedings.

:: DHS should discontinue the general use of family detention and instead use community-based alternatives to detention for children held in family units.

:: Community-based case management should be implemented for children and families, thus ending both detention and the placement of electronic tracking devices on parents. Government funding should be provided to support case management programs.

:: Children, whether unaccompanied or accompanied, should receive timely, comprehensive medical care that is culturally and linguistically sensitive by medical providers trained to care for children. This care should be consistent throughout all stages of the immigration processing pathway.

:: Trauma-informed mental health screening and care are critical for immigrant children seeking safe haven. Screening should be conducted once a child is in the custody of US officials via a validated mental health screening tool, with periodic rescreening, additional evaluation, and trauma-informed care available for children and their parents.

:: When children are in the custody of the federal government, extra precautions must be in place to identify and protect children who have been victims of trafficking and to prevent recruitment of new children into the trafficking trade.

:: Children should be provided with language-appropriate, year-round educational services, including special education if needed, throughout the immigration pathway.

:: Recreational and social enrichment activities, such as opportunities for physical activity and creative expression, may alleviate stress and foster resiliency and should be part of any program for detained children. At a minimum, outdoor and major muscle activity should meet the minimum standards set by the Flores Settlement Agreement.

:: Children and families should have access to legal counsel throughout the immigration pathway. Unaccompanied minors should have free or pro bono legal counsel with them for all appearances before an immigration judge.

:: The AAP encourages longitudinal evaluation of the health consequences of detention of immigrant children in the United States.

Given the complex medical, mental health, and legal needs of these children, the following recommendations pertain to post-release care of previously detained immigrant children in the community. Children and families need a coordinated system that facilitates access to a medical home that can address the children's physical and mental health needs and facilitates access to education, child care, and legal and interpretation services.

:: The AAP advocates for expanded funding for postrelease services to promote the safety and well-being of all previously detained immigrant children and to facilitate connection and access to comprehensive services, including medical homes, in the community. Community-based case management should be implemented for children and families.

:: All immigrant children seeking safe haven should have comprehensive health care and insurance coverage, which includes the right to access qualified medical interpretation covered by medical benefits, pending immigration proceedings.

:: Children not connected to medical homes may first present to nonprimary care settings. Pediatric providers and staff in these facilities, particularly urgent care and emergency departments, can support referral to the medical home and access to comprehensive services.

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:: Pediatric providers can refer to the AAP Immigrant Health Toolkit (<https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Community-Pediatrics/Pages/Immigrant-Child-Health-Toolkit.aspx>) as a resource for care of immigrant children.

:: Pediatric providers should familiarize themselves with trauma-informed care and promote access to comprehensive mental health evaluation in the community. The AAP Trauma Toolbox for Primary Care (<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>) offers an accessible resource for pediatricians to build these skills. Integrated behavioral health in the primary care setting is an optimal model for care of immigrant and other vulnerable children, minimizing the difficulty in navigating the health care system.

:: Pediatric providers serving previously detained immigrant children should elicit specific history of abuse, neglect, abandonment, persecution, trafficking, or violence to screen children for legal needs and subsequently refer these children for legal services. Integrated care strategies, such as medical–legal partnerships, may increase connectivity. Likewise, immigration lawyers should have opportunities to refer children to medical homes if children reach the legal system before seeking medical care.

:: Pediatric practices should facilitate children’s enrollment in public educational services, essential to children’s development and future well-being.

:: School facilities should be safe settings for immigrant children to access education. School records and facilities should not be used in any immigration enforcement action.

:: No child, whether accompanied or unaccompanied, should ever represent himself or herself in court. After release into the community, all previously detained immigrant children should have access to legal services at no cost to the child or his or her sponsor.

:: Child trafficking victims and other unaccompanied children should be appointed independent child advocates, pursuant to TVPRA, to advocate for their best interests on all issues, including conditions of custody, release to family or sponsors, and relief from removal.

:: Pediatricians everywhere should advocate for comprehensive, high-quality health care in a medical home for all children in the United States, including all immigrant children and those detained or otherwise in the care of the state.

Conclusions

The AAP supports comprehensive health care in a medical home for all children in the United States, including all immigrant children and those detained or otherwise in the care of the state. **Children deserve protection from additional traumatization in the United States and the identification and treatment of trauma that may have occurred in children’s country of origin, during migration, or during immigration processing or detention in the United States. The AAP endorses the humane treatment of all immigrant children seeking safe haven in the United States, whether unaccompanied or in family units, throughout the immigration pathway.**

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Regional Governance :: OAS – Venezuela

Editor’s note:

We continue to monitor the rhetoric and actions of the OAS as its attempts to exercise its mandate to defend democratic institutions as the situation in Venezuela continues to deteriorate.

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BACKGROUND: Message from the Secretary General on the call for a Constituent Assembly in Venezuela

Organization of American States (OAS)]
2 May 2017

Venezuela is suffering a serious alteration of its constitutional order by a regime that has violated the Constitution in all of its fundamental principles.

The violation of the Constitution is the Venezuelan problem. This same regime has now announced the end of the Constitution of Chavez and his legacy, beginning with a fraudulent call for a Constituent Assembly.

The regime has already violated the separation of powers and fundamental freedoms with the arbitrary detention and political imprisonment of its citizens, has violated the independence of the judiciary, and has violated the social rights of its people who have no access either to health care or to food.

Moreover, it has violated the principle of justice with the unpunished killing of peaceful demonstrators by security forces and paramilitary groups; has violated the electoral rights of its people, denying them the recall referendum and regional elections; has violated republican probity with its governors enriched by a system of unpunished corruption, has violated sovereignty over its natural resources, allowing and encouraging indiscriminate looting.

Now that authoritarian regime looks to consolidate its hold on power.

The Constitution of the Bolivarian Republic says in its Article 347 that "The original constituent power rests with the people of Venezuela. This power may be exercised by calling a National Constituent Assembly..."

The proposal formulated should contain the "ground rules," that is, the details of the purpose and powers of the proposed Constituent Assembly, as well as its duration and the manner of its makeup and the election of its constituents. This can only be done in accordance with the provisions of the Constitution, that is, through universal, direct and secret suffrage, which is the basis of the expression of the people's sovereignty.

In Venezuela, the President of the Republic has the initiative to convene, but the convening power belongs to the electoral body of the country. The people are the only ones who can convene a Constituent Assembly, the only source of the original constituent power. The request for initiating a Constituent Assembly and the committee bases must be submitted to a referendum. The constituent process must always be approved by voters in order to be valid.

And the people must respond as a whole, as this means all voters: the holders of political rights in their entirety, and not just components or sectors thereof.

In that sense the proposal announced is erroneous, unconstitutional and fraudulent.

The formation of the Constituent Assembly only including the supposed sectoral representatives violates the fundamental principles of political equality.

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A Constituent Assembly convened on the basis of political discrimination, violating the Constitution and made to fit the regime's desires, is both in substance and form anti-democratic, because it has usurped the power of the people.

This proposal violates once more the most basic principles recognized in the Inter-American norms that govern us all, although there are those who unconstitutionally want to ignore them: the equality before the law of all citizens, the rights of the elected and electors, respect for the separation of powers, universal and secret suffrage, and the strengthening of political parties. In short: respect for the most basic rights of citizens.

Once more, as we have said repeatedly, as both the Inter-American Commission and Court of Human Rights have highlighted, as the Venezuelan constitutionalists we have cited have said, the Venezuelan government is undermining respect for the most basic principles that regulate a democratic system and affect the human rights of its citizens.

And all of this has just one name under the law; a new coup d'état promoted from the presidency of the country.

The analysis presented by Venezuelan constitutionalists is more than forceful in this respect.

With the express declaration of Article 347 of the Constitution, which – following precisely the experience of the Constituent Assembly of 1999 – eliminated any possibility that an organ of the State could “convene” a Constituent Assembly: following on that article, only the people can do so through a referendum.

The dictators of Venezuela want to deliver a decisive blow by usurping the rights of the people and try to intimidate with violence and fraud a people that know freedom and that are struggling to regain it.

We must unite with this people to definitively ensure the right consecrated in the Inter-American Democratic Charter in its first article: the right to democracy.

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Humanitarian Response

The Humanitarian Evidence Program

Feinstein International Center

Roxanne Krystalli, Elizabeth Stites, Daniel Maxwell, Erin Boyd, Patrick Webb

[Evidence Brief: Shelter Self-Recovery in Humanitarian Emergencies](#)

By Victoria Maynard, Elizabeth Parker, John Twigg | March 2017

This is an evidence brief, accompanying the full systematic review on shelter in humanitarian settings.

[Evidence Brief: The Impact of In-Kind Food Assistance on Pastoralist Livelihoods in Humanitarian Crises](#)

By Karol Czuba, Ana P. Ayala, Tyler O'Neill | March 2017

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This is an evidence brief, accompanying the full systematic review on the impact of in-kind food assistance on pastoralist livelihoods in humanitarian emergencies.

[Evidence Brief: The Impact of Protection Interventions on Unaccompanied and Separated Children in Humanitarian Crises](#)

By [Katharine Williamson](#), [Debbie Landis](#), [Harry Shannon](#), [Priya Gupta](#), [Leigh-Anne Gillespie](#) | March 2017

This is an evidence brief, accompanying the full systematic review on the impact of protection interventions on unaccompanied and separated children in humanitarian settings.

[Evidence Brief: What Practices Are Used to Identify and Prioritize Vulnerable Populations Affected by Urban Humanitarian Emergencies?](#)

By [Ronak Patel](#), [Jami King](#), [Laura Phelps](#), [David Sanderson](#) | March 2017

This is an evidence brief, accompanying the full systematic review on urban identification practices in humanitarian emergencies.

[Evidence Brief: Managing Acute Malnutrition in Children in Humanitarian Emergencies](#)

By [Robert Akparibo](#), [Andrew Booth](#), [Andrew CK Lee](#) | March 2017

This is an evidence brief, accompanying the full systematic review on acute malnutrition in humanitarian emergencies.

[Evidence Brief: The Impact of Mental Health and Psychosocial Support Interventions on People Affected by Humanitarian Emergencies](#)

By [Mukdarut Bangpan](#), [Anna Chiumento](#), [Kelly Dickson](#), [Felix Lambert](#) | March 2017

This is an evidence brief, accompanying the full systematic review on mental health and psychosocial support interventions in humanitarian emergencies.

[Evidence Brief: WASH Interventions in Disease Outbreak Response](#)

By [Travis Yates](#), [Jelena Allen](#), [Myriam Leandre Joseph](#), [Daniele Lantagne](#) | March 2017

This evidence brief accompanies the full systematic review on WASH interventions in disease outbreak response.

[Evidence Brief: The Influence of Market Support Interventions on Household Food Security](#)

By [Hélène Juillard](#), [Lili Mohiddin](#), [Marion Péchayre](#), [Gabrielle Smith](#), [Rebecca Lewin](#) | April 2017

This is an evidence brief, accompanying the full systematic

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Emergencies

Public Health Emergencies of International Concern (PHEIC) [to 6 May 2017]

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 25 April 2017

:: The Strategic Advisory Group of Experts on immunization (SAGE) convened last week in Geneva. On polio eradication, the group noted the progress achieved in the remaining endemic countries. Recognizing an ongoing global supply constraint of inactivated polio vaccine (IPV), the group urged countries to adopt a fractional-dose approach (1/5th of a full dose), noting that several countries which had implemented this approach are able to meet their national vaccine

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requirements for its populations, and to prioritize supply to routine immunization rather than to outbreak response. SAGE also reviewed long-term immunization policy options for the post-certification world and put forward key recommendations for this period. A summary report from the meeting is available [here](#).

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Statement of the 13th IHR Emergency Committee regarding the international spread of poliovirus

WHO statement

2 May 2017

[Excerpts; text bolding by Editor]

The thirteenth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) regarding the international spread of poliovirus was convened via teleconference by the Director General on 24 April 2017...

The Committee unanimously agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of revised Temporary Recommendations for a further three months...

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WHO Grade 3 Emergencies [to 6 May 2017]

Iraq - *No new announcements identified*

Yemen – *No new announcements identified*

Nigeria - *No new announcements identified*

South Sudan - *No new announcements identified*

The Syrian Arab Republic - *No new announcements identified*

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WHO Grade 2 Emergencies [to 6 May 2017]

Cameroon - *No new announcements identified.*

Central African Republic - *No new announcements identified.*

Democratic Republic of the Congo - *No new announcements identified.*

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

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UN OCHA – L3 Emergencies

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

Iraq

:: Iraq: Mosul Humanitarian Response Situation Report No. 31 (24 April to 30 April 2017)

[EN/AR/KU]

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:: Support provided to Yazidi survivors of kidnapping and sexual violence [EN/AR/KU]
Report Published on 30 Apr 2017

Syrian Arab Republic

:: 5 May 2017 Leo Messi Foundation helps UNICEF get Syrian children back into the classroom

Yemen – *No new announcements identified.*

UN OCHA – Corporate Emergencies

When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.

Somalia

:: Somalia: Drought Response - Situation Report No. 6 (as of 30 April 2017)

:: Humanitarian Bulletin Somalia April 2017 | Issued on 4 May 2017

Ethiopia

:: 2 May 2017 Ethiopia Weekly Humanitarian Bulletin, 01 May 2017

Nigeria – *No new announcements identified.*

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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 – Secretary General, Security Council, General Assembly

[to 6 May 2017]

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

Selected Press Releases/Meetings Coverage

5 May 2017

ENV/DEV/1785

[Forum on Forests Approves 'Omnibus' Text Outlining Reporting, Financing of Sustainable Woodlands Management](#)

The United Nations Forum on Forests approved its “omnibus” resolution today, outlining the broad contours for countries to report on sustainable woodlands management, financing for those efforts, expanded engagement with partners, and influencing high-level political discussions in the Economic and Social Council.

1 May 2017

HR/5356

[Informed Consent Critical to Protecting Survival, Human Rights of Indigenous Peoples, Speakers Tell Permanent Forum](#)

Seeking informed consent from indigenous peoples before undertaking projects affecting their territories and resources was crucial to their survival and human rights, participants told the Permanent Forum on Indigenous Issues today.

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"The goal of tribal consultation is not simply to check a box," emphasized Victoria Tauli-Corpuz, Special Rapporteur on the rights of indigenous peoples. Rather, such consultation was crucial for providing federal decision makers with the context, information and perspectives they needed to make informed decisions that protected tribal interests.

Pointing to the tribes that were potentially affected by the Dakota Access Pipeline in the United States, she highlighted how they had been denied access to information and excluded from consultations at the planning stage of the project. Furthermore, the non-violent protests at the Standing Rock Sioux Reservation had been confronted with militarized and at times violent escalation of force.

It was also crucial to consider the impact of the international investment regime on indigenous people's rights, she added, noting that corporations that made investments in mining, extraction and agricultural plantations were given more protections by Governments than the indigenous peoples on whose lands and territories those investments were happening...

UN OHCHR Office of the United Nations High Commissioner for Human Rights [to 6 May 2017]
<http://www.ohchr.org/EN/NewsEvents/Pages/media.aspx?IsMediaPage=true>
Selected Press Releases – "TOP NEWS"
[Press briefing notes on China](#)

[Moves to impeach Nepal Chief Justice an assault on human rights – Zeid](#)

[South Sudan: Weary, frightened displaced civilians in Upper Nile at imminent risk of further violence](#)

[Special Rapporteur rejects misinformation about her current academic visit to Philippines](#)

[Saudi Arabia must reform counter-terror law and free peaceful critics, says UN rights expert](#)

[Press briefing note on Arkansas executions and Cambodia](#)

[Venezuela must allow peaceful protests and investigate killing of demonstrators, say UN experts](#)

[UN expert urges governments to end "demonization" of critical media and protect journalists](#)

Committee on the Rights of the Child [to 6 May 2017]
<http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>
No new digest content identified.

Special Rapporteur on the sale of children, child prostitution and child pornography
[to 6 May 2017]
<http://www.ohchr.org/EN/Issues/Children/Pages/ChildrenIndex.aspx>
4 May 2017

[Dominican Republic: first visit of the UN expert on sale and sexual exploitation of children](#)

GENEVA / SANTO DOMINGO (4 May 2017) – UN Special Rapporteur Maud de Boer-Buquicchio will visit the Dominican Republic from 8 to 15 May to assess the scope of the sale and sexual

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exploitation of children in the country. She will also analyse the measures adopted and the challenges faced by the national authorities in combating this scourge.

This is the first visit of an independent expert appointed by the UN Human Rights Council to monitor, report and advise on issues related to the sale and sexual exploitation of children...

SRSG/CAAC Office of the Special Representative of the Secretary-General for Children and Armed Conflict [to 6 May 2017]

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

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health [to 6 May 2017]

<http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx>
No new digest content identified.

SRSG/SVC Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict [to 6 May 2017]

<http://www.un.org/sexualviolenceinconflict/media/press-releases/>
No new digest content identified.

UN OCHA [to 6 May 2017]

<https://www.unocha.org/>
Selected Press Releases
4 May 2017

[Latin America and Caribbean: Over 10.6 million affected by disasters in 2016](#)

3 May 2017

[South Sudan: CERF provides lifeline to emergency response activities](#)

UNICEF [to 6 May 2017]

https://www.unicef.org/media/media_94367.html
Selected Press Releases

[Urgent action needed to protect children in 'forgotten crisis' in Central African Republic: UNICEF](#)

BANGUI, Central African Republic/DAKAR/GENEVA/NEW YORK, 5 May 2017 – Without increased support, the lives and futures of more than 1 million children in the Central African Republic are under threat, UNICEF said today.

[Leo Messi Foundation helps UNICEF get Syrian children back into the classroom](#)

Damascus/Buenos Aires, 2 May 2017 – UNICEF has installed 20 new prefabricated classrooms in Tartus, Syria, and rural areas of Damascus, thanks to a generous donation from the Leo Messi Foundation.

[Refugee and migrant children stranded in European transit countries suffer psychologically in the face of uncertain future - UNICEF](#)

NEW YORK / GENEVA, 4 May 2017 – Nearly 75,000 refugees and migrants, including an

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estimated 24,600 children, currently stranded in Greece, Bulgaria, Hungary and the Western Balkans are at risk of psychosocial distress caused by living in a protracted state of limbo, UNICEF warned today. Despite having a legitimate right to join families in destination countries in Western Europe, like Germany or Sweden, most stranded asylum seekers do not know whether or when they will be permitted to move forward.

[Projected number of severely malnourished Somali children up 50 percent](#)

GENEVA/NAIROBI, 2 May 2017 – The projected number of children who are or will be acutely malnourished has shot up by 50 per cent since the beginning of the year to 1.4 million, including over 275,000 who have or will suffer life-threatening severe acute malnutrition in 2017.

UNHCR Office of the United Nations High Commissioner for Refugees [to 6 May 2017]
<http://www.unhcr.org/en-us/media-centre.html>

No new digest content identified.

IOM / International Organization for Migration [to 6 May 2017]

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

2017-05-05 16:43

[UN Migration Agency \(IOM\) Transports Hundreds of South Sudanese Refugees from Border into Ethiopia](#)

Ethiopia - On 1 May, the UN Migration Agency (IOM) began the transfer of South Sudanese refugees from Ethiopia's Pagak border entry point in Gambella to the Gore-Shembola refugee camp in Benishangul Gumuz Regional States, approximately 835 km away.

[Mediterranean Migrant Arrivals: 44,209; Deaths: 1,096](#)

2017-05-05 16:42

Switzerland - IOM, the UN Migration Agency reports that 44,209 migrants and refugees entered Europe by sea in 2017 through 3 May.

[UN Migration Agency Ready to Respond to Heavy Rains and Flooding in Yemen](#)

2017-05-05 16:39

Yemen - Natural disasters and pre-existing economic fragility are escalating the humanitarian crisis in Yemen. The UN Migration Agency (IOM) is working with communities in Yemen to help them better prepare for or prevent future disasters, while also carrying out its emergency...

[UN Migration Agency Joins International Aid Transparency Initiative \(IATI\)](#)

2017-05-05 16:34

United Kingdom - The UN Migration Agency (IOM) has joined the International Aid Transparency Initiative (IATI), which makes financial information about humanitarian aid easier to access, use and understand. The UN Migration Agency (IOM) has joined the International Aid

[UN Migration Agency Assessment Aims to Improve Afghan Border Management as Thousands Return from Pakistan](#)

2017-05-02 16:44

Afghanistan – The UN Migration Agency (IOM) completed an assessment of border management capacity at Afghanistan's two main border crossings with Pakistan.

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

UNAIDS [to 6 May 2017]

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

Selected Press Releases & Updates

Update

[PEPFAR is on track to deliver yet more results](#)

04 May 2017

Since its establishment in 2003, the United States President's Emergency Plan for AIDS Relief (PEPFAR) has saved millions of lives. In 2016, around 11.5 million people living with HIV had access to antiretroviral treatment through PEPFAR-funded programmes, including 1.1 million children. Nearly 2 million babies born to women living with HIV were born HIV-free, and 6.2 million orphans and other vulnerable children received care and support.

In addition, PEPFAR funding supported more than 11.7 million voluntary medical male circumcision procedures to help prevent HIV acquisition and one million adolescent girls and young women were reached through the DREAMS initiative in 10 countries in sub-Saharan Africa.

And PEPFAR is on track to continue to deliver yet more results. Through a series of consultations over the past three months, PEPFAR has completed planning for its 2017 funding cycle to support more than 30 countries through Country Operational Plans...

Update

[Generating evidence to ensure HIV is part of social protection](#)

04 May 2017

Widely used in developed countries to maintain living standards and address transient poverty, social protection has now become an essential element of modern development efforts. Social protection in developing countries encompasses a range of programmes designed to help lift people out of poverty and prevent, manage and overcome situations that adversely affect their well-being.

To ensure that HIV is considered and integrated appropriately into social protection programmes, UNAIDS and partners have developed an [HIV and social protection assessment tool](#). The tool has been designed to analyse social protection schemes and establish whether they take into account the needs of people at higher risk of contracting HIV and people living with and affected by the virus...

WHO & Regional Offices [to 6 May 2017]

[Somalia launches second cholera vaccination campaign in Baidoa](#)

3 May 2017 – WHO and the Federal Ministry of Health of Somalia launched the first round of a preventative oral cholera vaccination campaign (OCV) today in Baidoa at the Baidoa Regional Hospital, targeting 224,000 persons aged 1 year and older...

The vaccination campaigns are supported by the Global Task Force on Cholera Control, GAVI the Vaccine Alliance, UNICEF, Sweden and health partners in its various stages of planning and implementation. WHO is also engaged in planning, organization and monitoring of the campaigns.

Highlights

[Noncommunicable diseases: the slow motion disaster](#)

May 2017 -- Of all the major health threats to emerge, none has challenged the very foundations of public health so profoundly as the rise of chronic noncommunicable diseases.

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Heart disease, cancer, diabetes, and chronic respiratory diseases, once linked only to affluent societies, are now global, and the poor suffer the most.

"Fight antibiotic resistance... it's in your hands"

May 2017 – World Hand Hygiene Day, marked globally on 5 May, highlights the importance of hand hygiene in health care. The slogan of this year's campaign illustrates the important relationship between good infection prevention and control practices like washing your hands and preventing antibiotic resistance.

Drowning: confronting the silent killer in the Philippines

May 2017 – In the Philippines, an average of 3276 deaths per year from accidental drowning and submersion were recorded in 2006–2013. To address this, WHO, the Philippine Department of Health, local government units, and Bloomberg Philanthropies undertook a drowning prevention project.

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: High-level meeting on Ebola Vaccines gets underway in Conakry, Guinea [undated]

WHO Regional Director for Africa Dr Matshidiso Moeti and the Director-General of WHO, Dr Margaret Chan are in Conakry, Guinea to participate in the high-level meeting on Ebola Vaccines for Guinea and the World

:: In Kenya, the path to elimination of malaria is lined with good preventions - 02 May 2017

WHO Region of the Americas PAHO

:: Traffic speed management key to saving lives, making cities more livable (05/04/2017)

:: Hand hygiene is key to safe care and prevention of antibiotic resistance (05/04/2017)

WHO South-East Asia Region SEARO

No new announcements identified.

WHO European Region EURO

:: Hand hygiene a key defence in Europe's fight against antibiotic resistance 04-05-2017

:: Highlighting nurses and midwives' commitment to delivering the highest quality care 04-05-2017

:: Regional Director commits continuing support to Romania to stop measles outbreak and improve immunization performance 03-05-2017

:: WHO Regional Director for Europe highlights key health aspects for SDG implementation at the first Regional Forum on Sustainable Development 03-05-2017

:: Georgia hosts meeting on improving antenatal care in eastern Europe and central Asia 02-05-2017

WHO Eastern Mediterranean Region EMRO

:: Antimicrobial resistance: now a political priority May 2017

WHO Western Pacific Region

:: Top of Form

:: Slow down to save lives 5 May 2017

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World Organisation for Animal Health (OIE) [to 6 May 2017]

<http://www.oie.int/en/for-the-media/press-releases/2017/>

No new digest content identified.

UNFPA United Nations Population Fund [to 6 May 2017]

<http://www.unfpa.org/press/press-release>

No new digest content identified.

UNDP United Nations Development Programme [to 6 May 2017]

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

Selected Press Releases/Announcements

[Multilateral assessment highlights UNDP's progress in improving organizational effectiveness](#)

May 2, 2017

UNDP was found to "largely meet the requirements of an effective multilateral organization and is fit for purpose [and] is responsive to the needs and priorities of Member States," according to the Multilateral Organisation Performance Assessment Network (MOPAN) report on UNDP, published on 5 April.

UN Division for Sustainable Development [to 6 May 2017]

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

No new digest content identified.

UN Sustainable Development Solutions Network (SDSN) [to 6 May 2017]

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

May 3, 2017

[The Food, Agriculture, Biodiversity, Land, and Energy Project: Pathways for Sustainable Land Use](#)

The SDSN and IIASA are launching the Food, Agriculture, Biodiversity, Land, and Energy (FABLE) Initiative to develop consistent global and national pathways towards sustainable land use and food systems by 2050. Land use choices affect five critical areas of sustainable development: (i) food production, (ii) greenhouse gas emissions, (iii) biodiversity conservation including forest conservation, [...]

UN Statistical Commission :: UN Statistics Division [to 6 May 2017]

<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 6 May 2017]

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

Press Release / May 4, 2017

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#):: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

[New Atlas shows energy potential of Africa and opportunities for investment to meet Africa's energy needs](#)

:: Africa is richly endowed with energy resources, both renewable and non-renewable.

:: The poorest African households spend 20 times more per unit of energy than wealthy households when connected to the grid.

:: Investments in green energy infrastructure can bolster Africa's economic development and bring it closer to achieving the Sustainable Development Goals.

UNISDR UN Office for Disaster Risk Reduction [to 6 May 2017]

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

No new digest content identified.

UN DESA United Nations Department of Economic and Social Affairs [to 6 May 2017]

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

5 May 2017, New York

[Making eradication of poverty an integral objective of all policies: what will it take?](#)

The 2030 Agenda for Sustainable Development recognizes poverty as the "greatest global challenge and an indispensable requirement for sustainable development." To eradicate it, coordinated efforts must be undertaken to build on the achievements realized so far and to prevent current and future challenges from jeopardizing further progress.

There are still over 800 million people living on less than \$1.90 a day, the international poverty line, and 10% of the world's workers and their families are poor, a sign that access to a job is not enough to escape poverty. At the same time, inequality has been rising and can hinder progress in the fight against poverty.

Social policy alone cannot eradicate poverty, and neither can policies focusing only on the income aspect of poverty. As other policies have direct or indirect impacts on poverty results, poverty eradication objectives must be included in the design of public policy in a cross-cutting manner. Therefore, countries will need to adopt integrated policy frameworks involving a wider range of stakeholders, embracing innovative approaches and partnerships. This will also reinforce inclusiveness and transparency while fostering greater efficiency in policymaking.

As in the case at the national level, achieving policy coherence at all levels in development cooperation is also of vital importance, in order to catalyze other sources of financing and propel developing countries to unleash their enormous sustainable development potential. This entails meeting ODA commitments, as well as the mobilization of domestic and international resources, public and private, and technical cooperation support. It further requires increased coherence of the international monetary, financial and trade systems.

The 2017 ECOSOC Integration Segment will take place from 8 – 10 May 2017 at UN Headquarters in New York. It provides a platform for dialogue and exchange of views by Member States, the UN system, ECOSOC subsidiary bodies, and other relevant stakeholders – such as NGOs, academia and the private sector – on best practices and lessons learned in efforts to address poverty. Policy recommendations will be extracted to guide integrated policymaking for the eradication of poverty in all its dimensions as an integral part of the 2030 Agenda.

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The proceedings and recommendations of the Segment will be available for consideration by Member States in the High-level Political Forum meeting under the auspices of ECOSOC, and the ECOSOC High-level Segment, to take place in July 2017. Its recommendations may be reflected in the Ministerial Declaration as the main outcome document at the culmination of the ECOSOC cycle.

4 May 2017, New York

[Importance of broad financing for sustainable forest management highlighted at UN forum](#)

A United Nations meeting on sustainable management of forests today discussed the importance of mobilizing resources from a diverse range of actors to ensure broad ownership as well as to advance the overall sustainable development agenda.

“By far the greatest source of forest financing has been – and will continue to be – from commercial private sector investments in sustainable forest management,” Manoel Sobral Filho, the Director of the UN Forum on Forests secretariat, said in a briefing on the importance of diversifying resources.

In the UN Strategic Plan for Forests, agreed earlier this year, UN Member States stressed the importance of partnerships of philanthropic organizations, foundations, as well as public-private and other multi-stakeholder entities in scaling up resources for sustainable forest management and as well as the plan’s own implementation.

The Strategic Plan also provides a framework for forest-related contributions to the implementation of the 2030 Agenda for Sustainable Development, the Paris Agreement on climate change and a number of other international instruments, commitments and goals. In addition to these direct links, importance of ensuring sustainable forest management was also recognized in the Addis Ababa Action Agenda – one of the key constituents of the 2030 Agenda – given the importance of forests for efforts to combat hunger and malnutrition as well as for its larger environmental benefits.

In his briefing today, Mr. Filho further informed the meeting of funding received from resources allocated for sustainable forest management initiatives, as well as the activities of the Global Forest Financing Facilitation Network, one of the five main components of the post-2015 International Arrangement on Forests.

Some key functions of the Network include mobilizing and supporting new and additional financial resources, and promoting effective use of existing financial resources for sustainable forest management.

The briefing was followed by a panel discussion that was attended, among others, by officials from the Ford Foundation and the World Bank...

The UN Forum on Forests (UNFF) is a high-level intergovernmental policy forum that includes UN Member States, Permanent Observers as well as regional organizations and groups.

UNESCO [to 6 May 2017]

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

05 May 2017

[Director-General opens the 4th Baku Forum on intercultural dialogue](#)

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02 May 2017

[World Press Freedom Day highlights the contribution of journalism to sustainable development](#)

01 May 2017

[UNESCO publishes new guidance tool for policy-makers on the prevention of violent extremism through education](#)

UNODC United Nations Office on Drugs and Crime [to 6 May 2017]

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

No new digest content identified.

UN-HABITAT United Nations Human Settlements Programme [to 6 May 2017]

<http://unhabitat.org/media-centre/news/>

Nairobi, May 4, 2017

[Youth and experts plan better public spaces in Mathare informal settlement](#)

On the doorstep of the 26th Session of UN-Habitat's Governing Council, youth came together with experts from around the world to improve on public spaces and informal settlements.

Participating in the Urban...

[Improving Knowledge on National Urban Policy to Change Mindsets](#)

Yaoundé, 4 May 2017 – Over 40 government officials, including 16 women, representing 10 institutions attended a day-long training on national urban policy development processes in the capital of the Republic of Cameroon, Yaoundé. In the preparation...

[Revitalizing Nairobi's railways](#)

Nairobi, 3 May 2017 – As part of UN-Habitat's support in the development of a sustainable approach to redevelop the current railway station area in Nairobi – just south of the Central Business District, UN-Habitat hosted a...

FAO Food & Agriculture Organization [to 6 May 2017]

<http://www.fao.org/news/archive/news-by-date/2016/en/>

No new digest content identified.

ILO International Labour Organization [to 6 May 2017]

<http://www.ilo.org/global/about-the-ilo/newsroom/news/lang--en/index.htm>

Blog

[New technologies and the dynamics of job creation](#)

03 May 2017

The debate on the future of work needs to go beyond just forecasting the expected scale of job losses, writes the ILO's Irmgard Nübler.

ILO response to Syria refugee crisis

[ILO online learning programme introduces Syrian refugees to their workplace rights in Jordan](#)

02 May 2017

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The programme is part of on-going efforts by the ILO to help formalize the work of Syrian refugees in Jordan.

ICAO International Civil Aviation Organization [to 6 May 2017]

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

No new digest content identified.

IMO International Maritime Organization [to 6 May 2017]

<http://www.imo.org/en/MediaCentre/PressBriefings/Pages/Home.aspx>

No new digest content identified.

WMO World Meteorological Organization [to 6 May 2017]

[http://public.wmo.int/en/search?sort_by=changed&f\[0\]=type%3Anews](http://public.wmo.int/en/search?sort_by=changed&f[0]=type%3Anews)

Publish Date: 5 May 2017

[Bonn meetings takes forward guidelines for implementing Paris Agreement News](#)

Bonn, 5 May 2017 -- In a next round of UN climate change negotiations, nations are meeting from 8 – 18 May 2017 to further develop the guidelines needed to fully implement the landmark 2015 Paris Climate Change Agreement now and over the decades to come. Issues under discussion range from ensuring transparency on the reporting of climate action by nations to the provision of climate finance.

Publish Date: 1 May 2017

[WMO and International Civil Aviation Organization strengthen cooperation News](#)

WMO and the International Civil Aviation Organization (ICAO) have agreed to work more closely together, including on the planned establishment of an operational space weather service for international air navigation. WMO Secretary-General Petteri Taalas met with Dr Fang Liu, Secretary General of ICAO, on 28 April to discuss how to strengthen cooperation between national meteorological and hydrological services and civil aviation administrations.

UNIDO United Nations Industrial Development Organization [to 6 May 2017]

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

Wednesday, 03 May 2017

[UNIDO opens Investment and Technology Promotion Office in Bonn, Germany](#)

BONN, 3 May 2017 – The Federal Government of Germany and the United Nations Industrial Development Organization (UNIDO) today officially opened an Investment and Technology Promotion Office (ITPO) in Bonn.

Tuesday, 02 May 2017

[UNIDO's workshop on eco-tannery zones underway](#)

BURSA, Turkey, 2 May 2017 – The United Nations Industrial Development Organization (UNIDO) is facilitating a two-week training course for 16 international delegates on sustainable leather-processing.

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International Organization for Standardization (ISO) [to 6 May 2017]

http://www.iso.org/iso/home/news_index.htm

By Sandrine Tranchard on 4 May 2017

[New ISO standard for climate action framework under development](#)

Greenhouse gases (GHG) are identified as the principal cause of climate change and managing them is crucial to help us adapt to its consequences. To address the issue, initiatives are being developed on an international, regional, national and local scale to limit GHG concentrations in the Earth's atmosphere. Future ISO 14080 will help government and industry put together credible, transparent and consistent climate action.

UNWTO World Tourism Organization [to 6 May 2017]

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

5 May 2017

[UNWTO releases 2nd Global Report on LGBT Tourism](#)

The UNWTO 2nd Global Report on LGBT Tourism was launched at the Annual Convention of the International Gay, Lesbian and Transgender Association (IGLTA) taking place on 4-6 May in Florida. The report, developed in cooperation with IGLTA, underlines the potential of this segment and how to effectively maximize its value.

3 May 2017

[The 3th UNWTO International Congress on Ethics presents the Recommendations on the Responsible Use of Ratings and Reviews](#)

Tourism stakeholders have convened in Krakow, Poland, in the 3th World Tourism Organization International Congress on Ethics to underline the need to continue advancing the ethical framework of the sector. The event, which was conducted on 26-28 April, is one of the pillars of the 'Enhancing the Understanding of European Tourism' Project, implemented by UNWTO in cooperation with the European Commission.

WIPO World Intellectual Property Organization [to 6 May 2017]

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

No new digest content identified.

CBD Convention on Biological Diversity [to 6 May 2017]

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

2017-05-02

[Nagoya-Kuala Lumpur Supplementary Protocol on Liability and Redress closer to entering into force](#)

2 May 2017 – Cuba deposited its instrument of accession to the Nagoya – Kuala Lumpur Supplementary Protocol on Liability and Redress to the Cartagena Protocol on Biosafety on 26 April 2017. Thus, only three more ratifications are required for the Supplementary Protocol to enter into force.

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USAID [to 6 May 2017]

<https://www.usaid.gov/news-information>

No new digest content identified.

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#)::: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

DFID [to 6 May 2017]

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

Selected Press Releases

No new digest content identified.

ECHO [to 6 May 2017]

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

05/05/2017

[Addressing "forgotten crises" in today's global context](#)

Today, the European Commission, in partnership with the Maltese Presidency and UNICEF, organised an event to draw attention to crises that receive limited international attention in spite of growing needs. These are the so-called "forgotten crises": severe, protracted humanitarian situations caused by natural disasters or armed conflicts, where the affected populations receive insufficient international aid and attention, notably in terms of media coverage. This has inevitable consequences on the affected communities, who are often among the most vulnerable and impoverished.

Androulla Kaminara, Director for Africa, Asia, Latin America, Caribbean and Pacific for EU Humanitarian Aid, commented: "Today, we are experiencing the biggest gap between global humanitarian needs and humanitarian funding. In this context, we cannot afford to simply 'forget' some of the worst humanitarian crises that are taking place all over the world."

As a global leading humanitarian donor, the European Union is at the forefront of identifying and intervening in crises that are not sufficiently addressed by the rest of the world. In 2004, the EU introduced a [Forgotten Crisis Assessment Index](#), which helps identify the most overlooked crises on a yearly basis. The index is based on a country's vulnerability level (according to [INFORM](#), the Index for Risk Management), media coverage, public aid per capita, and a qualitative assessment carried out by EU humanitarian experts...

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African Union [to 6 May 2017]

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

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

[Website not responding at inquiry]

ASEAN Association of Southeast Asian Nations [to 6 May 2017]

<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]

[ASEAN, associated entities to join forces for community building](#)

JAKARTA, 4 May 2017 – The ASEAN Secretariat hosted the inaugural Forum of Entities Associated with ASEAN today in an effort to strengthen cooperation for community building efforts. The forum brought together 150 participants comprising of ASEAN parliamentarians, legal experts, bankers, youth, civil society representatives, women, disability advocates and business and professional associations representing 56 [...]

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

European Commission [to 6 May 2017]

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

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

[Back to Schengen: Commission recommends phasing out of temporary border controls over next six months](#)

European Commission - Press release Brussels, 2 May 2017 The Commission is today recommending that Austria, Germany, Denmark, Sweden and Norway phase out the temporary controls currently in place at some of their internal Schengen borders over the next six months.

[Questions & Answers: Temporary internal border controls, proportionate police checks and police cooperation in the Schengen area](#)

02/05/2017 - .

European Commission - Fact Sheet Brussels, 2 May 2017 . What has the Commission recommended today on temporary internal border controls? The Commission has today recommended Austria, Germany, Denmark, Sweden and Norway phase out the temporary controls currently in place at some of their internal Schengen borders over the next six months...

OECD [to 6 May 2017]

<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]

4-May-2017

[Improving adult skills can help countries benefit from globalisation](#)

In an increasingly competitive international environment, providing workers with the right mix of skills can help ensure that globalisation translates into new jobs and productivity gains rather than negative economic and social outcomes, according to a new OECD report.

Organization of American States (OAS) [to 6 May 2017]

http://www.oas.org/en/media_center/press_releases.asp

May 2, 2017

[BACKGROUND: Message from the Secretary General on the call for a Constituent Assembly in Venezuela](#)

Venezuela is suffering a serious alteration of its constitutional order by a regime that has violated the Constitution in all of its fundamental principles...

[See Week in Review above for full text]

Organization of Islamic Cooperation (OIC) [to 6 May 2017]

<http://www.oic-oci.org/home/?lan=en>

[Selected Press Releases, Announcements]

[The Secretary General Calls for Raising Global Awareness of the Dangers of the Growing Manifestations of Islamophobia](#)

The Secretary General of the Organization of Islamic Cooperation (OIC), Dr. Yousef bin Ahmed Al-Othaimeen, called for raising global awareness of the dangers of the growing manifestations of Islamophobia by mainstreaming the principles of peace, harmony and security among all societies and peoples. He pointed out that the "Istanbul

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Process" initiative launched by the OIC as part of its plan to implement UN Human Rights Council resolution 16/18, could contribute in a positive way to the efforts exerted to combat various forms of extremism, hatred and racial discrimination, through the establishment of a culture of dialogue, mutual respect and understanding.
05/05/2017

[OIC welcomes UNESCO resolutions on Palestine](#)

The General Secretariat of the Organization of Islamic Cooperation (OIC) welcomed the ratification by the Executive Board of the United Nations Educational, Scientific and Cultural Organization (UNESCO) of two resolutions on "Occupied Palestine" and "Cultural and Educational Institutions in the Occupied Arab Territories". It commended the positions of states having supported these resolutions that affirm the international community's rejection and condemnation of Israeli occupation policies and measures aimed at infringing on the inalienable political, cultural and religious rights of the Palestinian people in the city of Al-Quds, the capital of the State of Palestine.
03/05/2017

Group of 77 [to 6 May 2017]

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

[Statement on behalf of Group of 77 and China on the annual report of the Secretary-General on "Strengthening of the coordination of emergency humanitarian assistance of the United Nations" at the Economic and Social Council \(New York, 3 May 2017\)](#)

[Statement on behalf of the Group of 77 and China by Mr. Santiago García, Director of the National Forestry Office of Ecuador, at the twelfth session of the United Nations Forum on Forests \(New York, 1 May 2017\)](#)

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UNCTAD [to 6 May 2017]

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

04 May 2017 –

[The Occupied Palestinian Territory: A Case Of An Imposed Resource Gap](#)

UNCTAD/PRESS/PR/2017/004

Geneva, Switzerland, (04 May 2017)

Since 1967, the occupation by Israel of the Occupied Palestinian Territory, including East Jerusalem, has distorted the Palestinian economy. A new UNCTAD study says that the impact of Israeli security, military, political and economic measures in the region have created a huge resource gap. As a result, domestic production is far lower than domestic consumption and investment.

The study, [The Occupied Palestinian Territory: Twin-Deficits or an Imposed Resource Gap?](#), maintains that this gap manifests itself in three macroeconomic imbalances: a trade deficit, a government budget deficit and a national investment-saving deficit.

During the period 2010–2014, the average budget deficit in the Occupied Palestinian Territory as a ratio of gross domestic product was 8 per cent, compared to a 40 per cent trade deficit and 33 per cent investment-saving deficit. Yet the budget deficit, the smallest of the three, received far more policy attention from the donor community and international financial and development institutions.

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

The new UNCTAD study argues that the budget and trade deficits, now permanent features of the Palestinian economy, are both symptoms of a deeper problem rooted in a damaged economic structure imposed by occupation...

WTO - World Trade Organisation [to 6 May 2017]

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]

3 May 2017

[Azevêdo: Trade can help energize economic recovery](#)

Speech

We must ensure that trade is an integral part of the solution to the myriad of problems that leaders are wrestling with today, said Director-General Roberto Azevêdo in an address to the B20 Summit in Berlin on 3 May 2017, and that it can do even more to create jobs and support growth and development around the world. "This is how we will make trade work for all," he said, and for this "we also need the contribution of the private sector"...

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IPU Inter-Parliamentary Union [to 6 May 2017]

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

4 MAY 2017

[Finnish Parliament organizes meeting on gender-sensitive parliaments](#)

The IPU developed both the concept and definition of gender-sensitive parliaments and has been at the forefront of supporting gender-sensitive parliamentary reform. On 20 April, the Feminist Group of the Finnish Parliament held a meeting in Helsinki on gender equality in parliaments. At the meeting, Ms. Zeina Hilal from the IPU gave a presentation on the Plan of Action for Gender-Sensitive Parliaments and Evaluating the Gender Sensitivity of Parliaments: A Self-Assessment Toolkit. The Plan of Action was adopted by IPU Members at the 127th Assembly in Quebec, and 2017 marks five years since its adoption.

Participants at the Helsinki meeting included MPs, NGOs and academics. In her opening speech, the Speaker of the Finnish Parliament, Ms. Maria Lohela, said that Finland was among the most gender-equal countries in the world. Even so, Finland had to wait 40 years after the creation of its first unicameral parliament for the first woman to be named committee chairperson, and 90 years for the first woman Speaker of Parliament to be elected.

In the outcome document of the Summit of Women Speakers of Parliament organized by the IPU and UAE's Federal National Council in Abu Dhabi in December 2016—which Ms. Lohela attended—participants resolved to attain gender equality in politics and parliaments by 2030 and to assess the gender-sensitivity of their respective parliaments.

The IPU encourages the Finnish Parliament to conduct a self-assessment using IPU's Toolkit.

International Court of Justice [to 6 May 2017]

<http://www.icj-cij.org/presscom/index.php?p1=6&p2=1>

No new digest content identified.

International Criminal Court (ICC) [to 6 May 2017]

Trying individuals for genocide, war crimes and crimes against humanity

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

<https://www.icc-cpi.int/>
No new digest content identified.

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World Bank [to 6 May 2017]

<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]

[Competitiveness Boost Urgently Needed to Meet Africa's Demographic Challenges](#)

DURBAN, South Africa, May 4, 2017—Without urgent action to address stagnating levels of competitiveness, Africa's economies will not create enough jobs for the young people entering the job market, according...

Date: May 4, 2017 Type: Press Release

[PPPs Vital to Improve Infrastructure Quality in Latin America](#)

New approach to Public-Private Partnerships can help region spend better, not necessarily more SÃO PAULO, May 4, 2017 – A new World Bank report launched today states that Latin America and the Caribbean...

Date: May 4, 2017 Type: Press Release

[World Bank Provides \\$50 Million Grant for Emergency Food and Nutrition in South Sudan](#)

WASHINGTON, May 4, 2017—The World Bank's Board of Executive Directors today approved a \$50 million grant from the IDA* Crisis Response Window (CRW) to provide unconditional direct food assistance to counter...

Date: May 4, 2017 Type: Press Release

IMF [to 6 May 2017]

<http://www.imf.org/external/what/whatsnewenglish/what.aspx>

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

May 5 , 2017

[Can They Do It All? Fiscal Space in Low-Income Countries](#)

Working Paper No. 17/110

African Development Bank Group [to 6 May 2017]

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

[We generally limit coverage to regional or Africa-wide initiatives, recognizing that a number of country-level announcements are added each week]

04/05/2017

[Competitiveness boost urgently needed to meet Africa's demographic challenges: report](#)

The ability of Sub-Saharan Africa's economies to generate enough jobs for its young and growing population rests on the successful implementation of urgent reforms to boost productivity. This is the key finding of the
Africa Competitiveness Report 2017

Asian Development Bank [to 6 May 2017]

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#)::: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

<http://www.adb.org/news/releases>

[We generally limit coverage to regional or Asia-wide initiatives, recognizing that a number of country-level announcements are added each week]

6 May 2017

[ADB Establishes Fund to Promote High-Level Technology - Japan First Donor](#)

ADB will establish a trust fund to promote the integration of high-level technology and innovative solutions in the design and implementation of its projects in Asia and the Pacific. Japan will be the first donor to the fund.

6 May 2017

[ADB President Calls for New Infrastructure Investment as Part of ADB's Long-Term Strategy](#)

More infrastructure investments are needed to support growth in Asia and the Pacific and combat climate change, ADB President Takehiko Nakao said in his opening address at the 50th Annual Meeting of ADB's Board of Governors.

5 May 2017

[ADB Cofinancing Operations Hit New High, Reaches \\$14 Billion in 2016](#)

ADB's cofinancing operations hit a new record in 2016, exceeding the \$14 billion mark and reflecting the importance of partnerships in addressing Asia and the Pacific's continuously growing development needs.

4 May 2017

[ADB, JICA Sign MOU to Strengthen Health Security for an Aging Asia-Pacific](#)

ADB and JICA today signed a memorandum of understanding to establish a strategic partnership to strengthen health security and promote universal health coverage in a rapidly aging Asia and the Pacific.

Asian Infrastructure Investment Bank [to 6 May 2017]

<http://www.aiib.org/html/NEWS/>

[We generally limit coverage to regional or Asia-wide initiatives, recognizing that a number of country-level announcements are added each week]

Beijing, China, May 03, 2017

[AIIB Approves First Loan to India for \\$160 million to Support Power Sector](#)

The Board of Directors of the Asian Infrastructure Investment Bank (AIIB) approved a loan of US\$160 million in support of the Andhra Pradesh – 24x7 Power for All project in the Republic of India with the objective to strengthen the power transmission and distribution system in the State of Andhra Pradesh.

IFAD International Fund for Agricultural Development [to 6 May 2017]

https://www.ifad.org/newsroom/press_release/list/tags/y2017

No new digest content identified.

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:: INGO/Consortia/Joint Initiatives Watch

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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 announcements, programs events or appeals, and generally not include content which is primarily photo-documentation or video in format.

Amref Health Africa_ [to 6 May 2017]

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

05/05/2017

[Experienced campaigner to lead innovative new advocacy platform at Amref Health Africa](#)

Amref Health Africa is pleased to announce the appointment of Wanjiku Kamau as the Executive Director of the Advocacy Accelerator. The Advocacy Accelerator is an exciting new platform designed to harness the full potential and impact of health advocacy in Kenya and beyond.

02/05/2017

[Amref launches a Continuous Quality Improvement toolkit for its staff](#)

Amref Health Africa in Kenya today launched a Continuous Quality Improvement toolkit to guide its staff in improving quality of coverage of health care services in all its areas of intervention.

Aravind Eye Care System [to 6 May 2017]

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

No new digest content identified.

BRAC [to 6 May 2017]

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

No new digest content identified.

CARE International [to 6 May 2017]

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

5th May 2017

[Cyclone Donna: CARE prepares to respond in Vanuatu](#)

Vanuatu

Two years since Cyclone Pam devastated Vanuatu, aid agency CARE is again preparing an emergency response as the Pacific nation braces for the strongest cyclone to hit the country since 2015.

Clubhouse International [to 6 May 2017]

<http://www.clubhouse-intl.org/news.html>

No new digest content identified.

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#)::: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Danish Refugee Council [to 6 May 2017]

<https://www.drc.dk/news>

04.05.2017

[Hunger forces 615,000 Somalis to leave home in search for help](#)

In several East African countries the critical humanitarian situation continues. Despite massive efforts from the UN and organizations such as the Danish Refugee Council, more people are at risk of hunger every day.

ECPAT [to 6 May 2017]

<http://www.ecpat.net/news>

No new digest content identified.

Fountain House [to 6 May 2017]

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

No new digest content identified.

Handicap International [to 6 May 2017]

http://www.handicap-international.us/press_releases

No new digest content identified.

Heifer International [to 6 May 2017]

<http://www.heifer.org/about-heifer/press/press-releases.html>

No new digest content identified.

HelpAge International [to 6 May 2017]

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

Posted: 04 May 2017

[EU and HelpAge International launch a new project to counter harmful traditional practices and discrimination against older people](#)

Today the European Union to Tanzania and the East African Community (EAC), together with HelpAge International have launched a new two-year project to 'Strengthen Civil Society Voice and State Responsiveness and Accountability to Protect Older Women and Men from all Violence in the Lake Victoria region of Tanzania. The event was held in Mwanza and the Regional Commissioner, Hon. John Mongella was the guest of honour.

Posted: 02 May 2017

[HelpAge International saddened to hear of the death of former employee James Blackburn](#)

HelpAge was saddened to hear of the death of James Blackburn, a former member of staff. James was the Regional Director for Latin America from 2004 until 2012 and Country Director for Colombia from 2012 to 2015.

ICRC [to 6 May 2017]

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

Selected News Releases, Reports and Articles

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#)::: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

04 May 2017 *Report*

[Georgia/Abkhazia/South Ossetia: More than 30 gravesites to be excavated in search for missing people](#)

Geneva (ICRC) - The International Committee of the Red Cross (ICRC) is about to begin another round of excavations in search of the remains of people who went missing during and after the armed conflicts that took place in the 1990s and in August 2008. Work will first get under way at three locations – two in Gori and one in Kaspi.

04 May 2017 *Statement*

[The Second Geneva Convention and the role of the ICRC](#)

Protection considerations in the law of naval warfare: The Second Geneva Convention and the role of the ICRC.

Speech given by Mr Peter Maurer, President of the ICRC. Launch of the updated commentary on the Second Geneva Convention

03 May 2017 *News release*

[Detainees' contacts with families are Israel's obligation under IHL](#)

Since 1968, the ICRC has been facilitating family visits to Palestinian detainees in Israeli places of detention. In the picture, families are seen aboard of an ICRC chartered bus heading to see their loved ones in detention facilities.

Jerusalem - The International Committee of the Red Cross (ICRC) calls upon the Israeli authorities to shoulder their full responsibilities under International Humanitarian Law (IHL) with regard to family contacts between Palestinians detained in Israel and their families residing in the occupied territories.

IFRC [to 6 May 2017]

<http://www.ifrc.org/en/news-and-media/press-releases/>

4 May 2017

[Tropical Cyclone Donna threatens Vanuatu](#)

May 4 – 2017. Kuala Lumpur – The International Federation of Red Cross and Red Crescent Societies (IFRC) is concerned by the humanitarian threat posed by Cyclone Donna, a Category 3 tropical storm, which is expected to make landfall in the north of Vanuatu this evening. Dominican Republic

2 May 2017

[Torrential rains in Dominican Republic put thousands more at risk of flooding and disease](#)

More heavy rains are expected in the Dominican Republic over the next couple of weeks, prompting the state-run Emergency Operations Centre (COE) to declare an emergency alert for 25 provinces.

IRC International Rescue Committee [to 6 May 2017]

<http://www.rescue.org/press-release-index>

Selected Press Releases & Statements

Press Release

[IRC's David Miliband: approval of omnibus bill is a step in the right direction to sustain critical foreign aid, support refugees](#)

May 5, 2017

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Press Release

[IRC condemns appalling al Hasakeh attack which cost the lives of refugees](#)

May 2, 2017

IRCT [to 6 May 2017]

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

News 05 May 2017

[Rehabilitation centres from MENA region participate in DFI meeting](#)

This week, the third of six regional IRCT-DFI meetings kicked off in Amman, Jordan. Hosted by IRCT member centre in Jordan, the Institute for Family Health, the three-day meeting gives IRCT members from across the MENA region a unique opportunity to meet and learn more about the DFI [database](#). The same members have also been able to discuss how they can cooperate to strengthen their work to fight impunity, prevent torture from happening and improve rehabilitation services to survivors of torture.

News 04 May 2017

[IRCT: Tunisia must follow UN recommendations and end forced anal examinations](#)

The United Nations Human Rights Council's Universal Periodic Review has issued recommendations to Tunisia to decriminalise same-sex conduct and specifically to end forced anal examinations of persons accused of "sodomy" under article 230 of the criminal code. This follows the [statement](#) published by National Council of the Medical Order in Tunisia on 3 April 2017, calling for doctors to cease conducting forced anal and genital examinations.

News 03 May 2017

[Sarajevo: Providing support to torture victims in the aftermath of war](#)

This year, IRCT member in Sarajevo, Centre for Torture Victims (CTV) is celebrating 20 years of providing rehabilitation services to torture victims. The centre was established in 1997, with the support of the IRCT, to help some of the thousands of people who were tortured during the war in the former Yugoslavia. Twenty years on, the demand for its services continues to be high.

Islamic Relief [to 6 May 2017]

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

No new digest content identified.

Landsea [to 6 May 2017]

<http://www.landesa.org/press-and-media-categories/press-releases/>

No new digest content identified.

Medecins du Monde [to 6 May 2017]

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

No new digest content identified

MSF/Médecins Sans Frontières [to 6 May 2017]

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

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Press release

[MSF Condemns Incursion by Armed Men Into Hospitals in East Ghouta, Syria](#)

May 01, 2017

B RUSSELS—Doctors Without Borders/Médecins Sans Frontières (MSF) will suspend medical activities in the besieged Damascus suburbs of East Ghouta following recent violations of medical facilities by armed groups, the international medical humanitarian organization said Monday.

Mercy Corps [to 6 May 2017]

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

May 5, 2017

[Mercy Corps Applauds Lifesaving Congressional Action in FY17 Omnibus](#)

Maintaining foreign aid funding also critical in FY18 budget as famine threatens 20 million people

WASHINGTON, DC – The global organization [Mercy Corps](#) applauds the U.S. Congress for allocating \$990 million in additional funding for emergency humanitarian assistance in the FY17 Omnibus Appropriations bill. Twenty million people face starvation as famine looms across Nigeria, Yemen, Somalia and South Sudan, including 1.4 million children at imminent risk of death.

“Congress has shown great leadership in providing these desperately needed funds. Now is not the time to hold back on providing lifesaving foreign aid,” says Andrea Koppel, Vice President of Global Engagement and Policy at Mercy Corps. “Twenty years from now, when we look back on our response to this unprecedented global crisis, we must conclude that we did everything in our power to reduce suffering and save lives.”...

Operation Smile [to 6 May 2017]

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

[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 6 May 2017]

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

2 May 2017

[Oxfam challenges African leaders to champion new economic models that are 'fit for the future'](#)

African leaders must build a new more 'human economy' to tackle inequality and poverty, said Oxfam today ahead of the World Economic Forum (WEF) on Africa.

Norwegian Refugee Council [to 6 May 2017]

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

Published 05. May 2017

[Guidance Note on HLP Issues in Informal Settlements and Collective Centres in Northern Syria](#)

Samer Abu Rass|Published 05. May 2017

The war in Syria has so far displaced over 11 million people, 6.5 million of whom are inside the country as internally displaced persons (IDPs). A large number of these people are homeless and have settled in informal camps or collective centres across the country.

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This has presented humanitarian actors with a range of challenges in trying to ensure Housing, Land and Property (HLP) rights for a population on the move and in need of assistance. In response, NRC has developed HLP guidance for humanitarian actors working in informal camps and collective centres in Northern Syria.

Based on research and interviews with Syrian and international organizations and actors, both in Turkey and inside Syria, this Guidance Note: HLP Issues in Informal Settlements and Collective Centres in Northern Syria aims to increase knowledge of HLP issues in informal camps/settlements and collective centres in northern Syria and focuses on areas outside of Government of Syria control in Idleb and Aleppo governorates.

The Guidance provides humanitarian practitioners and others working with IDPs with practical information to help them navigate the existing complex HLP arrangements in northwest Syria and to better understand their implications for IDPs' security of tenure and other rights and protections. The document is also accompanied by easy-to-use guidelines and a field checklist.

Pact [to 6 May 2017]

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

No new digest content identified.

Partners In Health [to 6 May 2017]

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

May 05, 2017

[New Birth Waiting Homes to Welcome Expectant Mothers in Sierra Leone](#)

PIH creates housing for women in Sierra Leone who need a safe place to give birth.

PATH [to 6 May 2017]

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

Press release | May 01, 2017

[Biovac and PATH announce partnership to develop novel vaccine against newborn infection](#)

South African manufacturer will be the first in a low-resource country to develop a vaccine against Group B Streptococcus vaccine, a leading cause of severe infection in infants

Announcement | May 01, 2017

[PATH Statement on the US Fiscal Year 2017 Appropriations Bill](#)

PATH Applauds Congress for Protecting Vital Health Programs

Press release | May 01, 2017

[Powering African innovation for health and economic growth](#)

Leaders convene ahead of the World Economic Forum on Africa to accelerate investment in African-led innovation

Plan International [to 6 May 2017]

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

No new digest content identified.

Save The Children [to 6 May 2017]

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http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.9506653/k.C303/Press_Releases_2017/apps/nl/newsletter2.asp

Selected Press Releases

[Cyclone Donna Threatens Homes, Crops in Vanuatu](#)

May 5, 2017

[Save the Children Supporting Children and Families Impacted by Historic Flooding in Arkansas, Missouri](#)

May 5, 2017

SOS-Kinderdorf International [to 6 May 2017]

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

04.05.2017

[Creating a home for children in South Sudan](#)

SOS parents play a central role in creating emotionally stable and resilient relationships and a secure and nurturing home for children who have lost parental care. In this video, Mary Gwang, an SOS mother in South Sudan, shares how she cares for her SOS family in Juba every day.

Tostan [to 6 May 2017]

<http://www.tostan.org>

No new digest content identified.

Women for Women International [to 6 May 2017]

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

May 3, 2017 | Washington, D.C.

[SECRETARY HILLARY RODHAM CLINTON CALLS FOR CONTINUED INVESTMENT IN WOMEN'S EMPOWERMENT AROUND THE WORLD](#)

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Freedom House [to 6 May 2017]

<https://freedomhouse.org/news>

Selected Press Releases, Statements, Research

[Democratic Leaders Must Defend Press Freedom Abroad](#)

May 5 2017 - 2:48pm

Democracies are no longer immune to the virus of the authoritarian state.

[Fighting Back, Seeding Courage, Inspiring Hope](#)

May 4 2017 - 3:08pm

Freedom House president Michael J. Abramowitz lays out our belief that it is in America's interest to help defend the safety and freedom of others.

[Press Freedom in 5 Maps](#)

May 2 2017 - 9:50am

The latest findings of the Freedom of the Press report show the state of media independence around the world. It's not a pretty picture.

[Global Press Freedom: Six Countries to Watch](#)

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May 1 2017 - 1:47pm

The following countries may be moving toward important changes in their press freedom conditions—for better or worse—in the coming year.

Transparency International [to 6 May 2017]

<http://www.transparency.org/news/pressreleases/>

Selected Press Releases, Statements, Research

3 May 2017

[Ban on Transparency International's Montenegro partner from EU anti-corruption group unacceptable](#)

Transparency International called the ejection of its partner organisation MANS from a European Union anti-corruption working group on Montenegro accession completely unacceptable and an indication that the government is not taking the fight against corruption seriously.

2 May 2017

[UEFA INCORPORATES HUMAN RIGHTS & ANTI-CORRUPTION CRITERIA INTO BIDDING REQUIREMENTS](#)

The decision by UEFA to include new criteria to protect and preserve human rights and tackle corruption in the bidding requirements for the 2024 European Championships is an essential step to preventing abuse and corruption in connection with the event, the Sport and Rights Alliance (SRA) said.

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ChildFund Alliance [to 6 May 2017]

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

No new digest content identified.

CONCORD [to 6 May 2017]

<http://concordeurope.org/news-and-events/>

[European NGO confederation for relief and development]

May 2, 2017

[EU's 'New Consensus on Development' puts migration control centre-stage](#)

CONCORD in the news: This article from Johannes Trimmel, CONCORD President, on the EU Consensus on Development has been initially published in Euractiv. The EU's New Consensus on Development is meant to plot a roadmap to meeting the UN's Sustainable Development Goals by 2030. Instead, the draft proposal appears to prioritise migration control and military operations, writes our President...

Disasters Emergency Committee [to 6 May 2017]

<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 05/04/2017]

[DEC East Africa Crisis Appeal reaches a staggering £50 million in just 3 weeks](#)

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#):: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

The Disasters Emergency Committee (DEC) today announced that its appeal for the East Africa Food Crisis has now raised a total of £50 million, to help the 16 million people in South Sudan, Somalia, Kenya and Ethiopia who are on the brink of starvation and in urgent need of help.

The Elders [to 6 May 2017]

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

News 3 May 2017

[Sustaining global peace: Elders speak on the importance of multilateralism](#)

On 9 May, Kofi Annan, Gro Harlem Brundtland, Lakhdar Brahimi and Mary Robinson will speak about the importance of multilateralism at the IPI in New York. Watch the livestream here and follow on Twitter: [#EldersIPI](#)

News 1 May 2017

[Secure climate justice by staying true to the science](#)

In an era of cynicism within politics and the media, Mary Robinson calls for evidence-based science to determine the global policy agenda and expresses solidarity with climate scientists and those on the frontlines of climate change.

END Fund [to 6 May 2017]

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

Selected Press Releases and Major Announcements

No new digest content identified.

Evidence Aid [to 6 May 2017]

www.evidenceaid.org

No new digest content identified.

Gavi [to 6 May 2017]

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

No new digest content identified.

Global Fund [to 6 May 2017]

<http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=>

News

[Global Fund Accelerates Efforts To End Epidemics](#)

04 May 2017

KIGALI, Rwanda – At its 37th Meeting, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria took significant steps toward increasing impact and maximizing effectiveness in its goal of ending epidemics, which will achieve greater health security and long-term prosperity.

Taking on serious challenges like expanding impact in public health as more countries transition toward domestic funding, the Board addressed numerous issues on how to continue to expand prevention, treatment and care for people affected by HIV, TB and malaria in the coming years.

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The Global Fund is embedding into its work the principles and practices of a new policy on sustainability, transition and co-financing. It aims to leverage additional sources of funding, strengthen domestic investment and co-financing of core interventions, while planning for long-term transition.

In his final address to the Board, outgoing Executive Director Mark Dybul weaved together global dynamics as he pointed to a clear direction for the Global Fund: working together collaboratively, optimizing portfolio management, improving program quality and efficiency, and constantly looking for ways to maximize the impact of funds in countries where we invest. Dr. Dybul completes a four-year term on 31 May 2017. Marijke Wijnroks, currently Chief of Staff, will serve as Interim Executive Director until the Board selects a replacement for Dr. Dybul.

The Board confirmed an Executive Director Nomination Committee with nine members to oversee the search for the Global Fund's next Executive Director. The Global Fund anticipates soliciting applications for the position beginning in early June, and intends to select a new Executive Director at the Board's next meeting in November 2017...

News

[Global Fund Board Selects New Chair and Vice-Chair](#)

03 May 2017

KIGALI, Rwanda – The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria selected Aida Kurtović as its new Chair, after serving as Vice-Chair for the past two years. The Board also selected Ambassador John Simon as incoming Vice-Chair.

Kurtović, who is from Bosnia and Herzegovina, was selected for a two-year term during a Board meeting that is being hosted by the government of Rwanda...

As Chair of the Board, Kurtović succeeds Norbert Hauser of Germany, whose term began in April 2015.

Ambassador John Simon, selected as Vice-Chair of the Board, is a distinguished government official with special expertise in innovative finance, and is currently founder and managing partner of Total Impact Capital, an impact investing firm. He has served as United States Ambassador to the African Union, and as Executive Vice President of the Overseas Private Investment Corporation (OPIC)...

Hilton Prize Coalition [to 6 May 2017]

<http://prizecoalition.charity.org/>

An Alliance of Hilton Prize Recipients

Selected News Releases, Content

No new digest content identified.

ICVA -International Council of Voluntary Agencies [to 6 May 2017]

<https://icvanetwork.org/>

No new digest content identified.

InterAction [to 6 May 2017]

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

May 04, 2017

[InterAction CEO Testifies at Senate Hearing on International Development](#)

On May 3, InterAction CEO Sam Worthington testified before a Senate Committee on Foreign Relations subcommittee hearing on "Global Philanthropy, Remittances and International

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Development," presided by Sen. Todd Young (R-IN) as Chair and with Sen. Jeff Merkley (D-OR) present as ranking...

Start Network [to 6 May 2017]

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

02 May 17

[Earthquake to floods: how Start Fund helped Ecuador families face second disaster](#)

Scared children 'drenched, dirty and crying' after rain swept away homes

Muslim Charities Forum [to 6 May 2017]

<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.

No new digest content identified.

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Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) [to 6 May 2017]

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

The Humanitarian Evidence Program, a partnership between Oxfam and Feinstein International Center at Tufts University, has just published eight systematic reviews of evidence in key areas of the humanitarian field, with the ultimate goal of improving humanitarian policy and practice.

[See Week in Review above for details]

CHS Alliance [to 6 May 2017]

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

No new digest content identified.

EHLRA/R2HC [to 6 May 2017]

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

02.05.2017

[PREP1 Primary Research Update](#)

PREP1 involves the gathering of user requirements for the development of an open access social media analysis tool. This project involves identifying and validating user requirements and developing an initial design and functionality of the software.

Following the delivery of the Inception Report (D1) at the end of February 2017, the team at Trilateral have organising and conducting a series of primary research activities with representatives across the Red Cross Red Crescent network involved in social media related communication activities.

The first stage of the primary research was to translate the findings of the secondary analysis of user barriers to the use of social media analysis tools from a previous study to develop an interview guide for use in the semi-structured interviews over the course of April 2017. The guide was split between gathering domain and technical requirements...

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Global Humanitarian Assistance (GHA) [to 6 May 2017]

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

No new digest content identified.

The Sphere Project [to 6 May 2017]

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

No new digest content identified.

Professionals in Humanitarian Assistance and Protection (PHAP) [to 6 May 2017]

<https://phap.org/>

No new digest content identified.

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Center for Global Development

<http://www.cgdev.org/page/press-center>

Accessed 6 May 2017

5/1/17

[Ethnic Politics and Ebola Response in West Africa - Working Paper 453](#)

Souleymane Soumahoro

In this paper, I examine the effects of power sharing on vulnerability to adverse shocks in a multiethnic setting. Combining a unique dataset on the allocation of ministerial posts across ethnicities with the spatial distribution of Ebola, I provide evidence that ethnic representation mitigated the transmission of Ebola in Guinea and Sierra Leone. The findings suggest that one percentage point increase in proportional cabinet shares reduced Ebola transmission by five percent, as reflected in the total number of confirmed cases. I also provide suggestive evidence that this relationship goes beyond a simple correlation and operates through public resource capture and trust in political institutions.

ODI [to 6 May 2017]

<https://www.odi.org/media-hub/press-room>

Selected Reports and Studies

No new digest content identified.

Urban Institute [to 6 May 2017]

<http://www.urban.org/about/media>

No new digest content identified.

World Economic Forum [to 6 May 2017]

<https://agenda.weforum.org/news/>

News 05 May 2017

[Africans Rising: The Time for Action Is Now](#)

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[Africa Could Have Many More Unicorns: But Obstacles Are Formidable](#)

[South African Cities' 'Green Canopy' Added to Global Database](#)

[Kenya, Rwanda and Tanzania Join Forum in Promoting Financial Inclusion in East Africa](#)

[Wealth Gap Overshadows Brexit, Populism as Threat to Global Economy](#)

News 04 May 2017

[Africa's Prosperity Tied to Powerhouse Pair South Africa and Nigeria](#)

[Zuma Calls on Energy and Imagination of Youth to Help Create More Inclusive Growth](#)

[Competitiveness Boost Urgently Needed to Meet Africa's Demographic Challenges](#)

[Finance Minister Highlights Need to Balance Continuity with Structural Transformation](#)

News 03 May 2017

['Future-Proofed' Africa Needs Responsive, Responsible Leaders](#)

[World Economic Forum and South African Government Launch Push to Bridge Digital Divide](#)

[Close Skills Gaps to Prepare Africa's Workforce for Tomorrow's Jobs](#)

[Statement on the Participation of Leaders from Zimbabwe at the World Economic Forum on Africa](#)

News 02 May 2017

[World Economic Forum Selects Africa's Breakthrough Female Tech Entrepreneurs of 2017](#)

[Advice for Social Entrepreneurs: Scale Your Concept, Not Your Organization](#)

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:: Foundation/Major Donor Watch

We will primarily monitor press/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.

Aga Khan Foundation [to 6 May 2017]

<http://www.akdn.org/pr.asp>

4 May 2017

[**Musicians from the Aga Khan Music Initiative embark on 12-City Tour of China**](#)
[**Read**](#)

BMGF - Gates Foundation [to 6 May 2017]

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

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No new digest content identified.

Annie E. Casey Foundation [to 6 May 2017]

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

No new digest content identified.

Blue Meridian Partners [to 6 May 2017]

<http://www.emcf.org/capital-aggregation/blue-meridian-partners/>

Blue Meridian Partners is a new capital aggregation collaboration that plans to invest at least \$1 billion in high-performance nonprofits that are poised to have truly national impact for economically disadvantaged children and youth.

No new digest content identified.

Clinton Foundation [to 6 May 2017]

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

No new digest content identified.

Ford Foundation [to 6 May 2017]

<http://www.fordfoundation.org/?filter=News>

No new digest content identified.

GHIT Fund [to 6 May 2017]

<https://www.ghitfund.org/>

GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.

No new digest content identified.

Grameen Foundation [to 6 May 2017]

<http://www.grameenfoundation.org/news-events/press-room>

No new digest content identified.

William and Flora Hewlett Foundation [to 6 May 2017]

<http://hewlett.org/latest-updates/>

May 5, 2017

[Charting the progress of Hewlett Foundation's deeper learning strategy](#)

From 2010 to 2015, the Hewlett Foundation's Education Program invested more than \$100 million in its deeper learning strategy with over 350 grants. In 2016, the program commissioned RTI International to conduct an independent evaluation of the first five years of its strategy. RTI's report examined several questions: What progress has been made in the ...

By [Siri Warkentien, Karen Charles, Laura Knapp and David Silver](#)

May 5, 2017

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California Education Policy Fund evaluation of deeper learning advocacy and policy change

Created by the William and Flora Hewlett Foundation in 2011, the California Education Policy Fund (CEPF) worked to improve education policies in the state by strengthening and supporting an “ecosystem” of nonprofit advocacy, research, grassroots and information-sharing organizations. With an annual budget of about \$4 million, for the last three years, CEPF has supported organizations

May 5, 2017

Open Education Consortium evaluation

The Open Education Consortium (OEC) comprises a network of nearly 300 education institutions globally who are committed to advancing the use of open educational resources in higher education. The Hewlett Foundation has supported a wide range of OEC activities since 2007 and commissioned this evaluation to better understand which of those efforts have been most

By Linda Shear, Emi Iwatani, Barbara Means and Rebecca Griffiths

May 4, 2017

Andrea Keller Helsel joins Hewlett Foundation as program officer for western conservation

MENLO PARK, Calif.—Andrea Keller Helsel has joined the William and Flora Hewlett Foundation as a program officer for western conservation in the Environment Program. In an email to grantees and foundation staff, Environment Program director Jonathan Pershing said the following about the appointment: I’m happy to announce that Andrea Keller Helsel will be joining the ...

May 1, 2017

Looking back at 50 years of U.S. philanthropy

On the occasion of the Hewlett Foundation’s 50th anniversary symposium, we commissioned two historians — Benjamin Soskis of George Mason University and Stanley N. Katz of Princeton University — to take a look at the evolution of philanthropy in America in the last 50 years. Soskis and Katz, co-editors of the HistPhil blog, examine the sector’s practices ...

By Benjamin Soskis and Stanley N. Katz

Conrad N. Hilton Foundation [to 6 May 2017]

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

Our News

Connecting Tech and Child Welfare Sectors at #HackFosterCareLA

Foster Youth May 2, 2017

The Hilton Foundation, in partnership with the Pritzker Foster Care Initiative, proudly supported this year’s #HackFosterCareLA alongside organizations from the tech and child welfare industries in Los Angeles.

IKEA Foundation [to 6 May 2017]

<https://www.ikeafoundation.org/category/press-releases/>

No new digest content identified.

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HHMI - Howard Hughes Medical Institute [to 6 May 2017]

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

May 02 2017

Institute

HHMI Scientists Elected to Membership in the National Academy of Sciences

Summary

Thirteen HHMI scientists have been elected to the National Academy of Sciences.

Thirteen Howard Hughes Medical Institute (HHMI) scientists have been elected to the National Academy of Sciences. The new members include 12 HHMI investigators and one HHMI professor, and are among a group of 84 new members and 21 foreign associates elected today in recognition of their distinguished and continuing achievements in original research...

Kellogg Foundation [to 6 May 2017]

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

May 5, 2017

Grant offers historic opportunity for educational equity and quality in Battle Creek Public Schools

W.K. Kellogg Foundation Announces Unprecedented Five-Year \$51M Grant

Battle Creek, MI – Today the W.K. Kellogg Foundation (WKKF) announced an unprecedented commitment to strengthen Battle Creek Public Schools (BCPS) so all students have access to a quality education to ensure their academic success. The five-year \$51 million investment will provide a comprehensive approach to impact every grade and every building in the district...

MacArthur Foundation [to 6 May 2017]

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

Press release

\$19 Million in Grants Broaden the Economic and Health Benefits of Cleaner, Cheaper Energy

Published May 2, 2017

MacArthur today announced \$19 million in grants to support leadership by civil society, government, and the private sector on climate solutions that enhance the social, economic, and health benefits resulting from less-costly and less-polluting energy sources across the United States. This new funding builds on the Foundation's work to prevent climate change by curbing emissions and supporting global leadership.

The Foundation is supporting nonprofit and research groups to work with state policymakers and business leaders on low carbon energy projects and policies that benefit businesses and consumers. MacArthur is also helping to strengthen organizations that give a voice to underrepresented communities most impacted by climate change in the policymaking process...

Gordon and Betty Moore Foundation [to 6 May 2017]

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

May 2, 2017

Sharing medical notes with family members may improve quality of care for elderly patients

Families across the United States are finding that, when it comes to medical care for the elderly, sharing a doctor's medical notes with other adult family members can make the difference in the quality of care they receive. Even more common is that it improves patient

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satisfaction: a patient who can see a provider's medical notes is more engaged and likely to adhere to a prescribed health regimen.

Open Society Foundation [to 6 May 2017]

<https://www.opensocietyfoundations.org/issues/media-information>

Voices

[How Will Today's Aging Voters Shape Tomorrow's Democracies?](#)

May 4, 2017 Carlos Delclós

Amid a series of divisive political campaigns, media depictions of the young as idealistic and full of hope and the elderly as fearful and nostalgic are remarkably common. But is this actually the case?

David and Lucile Packard Foundation [to 6 May 2017]

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

No new digest content identified.

Pew Charitable Trusts [to 6 May 2017]

<http://www.pewtrusts.org/en/about/news-room/press-releases>

Press Release May 03, 2017

[Pew: States Make Progress in Evaluating Tax Incentives](#)

But many states still do not study incentives regularly

WASHINGTON--More than half of U.S. states have processes to regularly evaluate their economic development tax incentives, according to a new report from The Pew Charitable Trusts. [How States are Improving Tax Incentives for Jobs and Growth: A national assessment of evaluation practices](#) examines the progress that the 50 states and the District of Columbia have made to produce high-quality information on the results of their tax incentives.

Tax incentives are a primary tool that states use to try to create jobs, attract new businesses, and strengthen their economies. Incentives are also major budget commitments, collectively costing states tens of billions of dollars a year. Given this importance, policymakers across the country increasingly are demanding high-quality information on the results of tax incentives. Building on earlier Pew research, [How States are Improving Incentives for Jobs and Growth](#) identifies best practices...

Rockefeller Foundation [to 6 May 2017]

<https://www.rockefellerfoundation.org/about-us/news-media/>

May 1, 2017

[Remarks by Dr. Rajiv Shah at the April 2017 Global Philanthropy Forum](#)

[Excerpt]

...If we're being honest in this field, our egos, our desire for control, our confidence in our own intelligence, and our natural desire to go launch programs and then find others to co-fund it instead of actually talking together about what we can do in a more collaborative way, all make it hard to be really great partners. We don't have all the answers, but as we're looking around, we are seeing signs of success from which we hope to learn.

We've looked at how the IKEA Foundation and the Open Society Foundations are each reimagining ways to address the massive issue of forced displacement, and how the Omidyar

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Network is advancing impact investing. We're particularly interested in the Edna McConnell Clark Foundation's Blue Meridian project of capital aggregation to bring people together and pursue philanthropic pursuits in tandem for the purpose of taking other institutions to scale. And we've learned from our colleagues at MacArthur that are quickly creating a global marketplace of big ideas with the \$100 million prize concept.

I've really only been here six weeks, so I don't have a lot of new things to tell you. But I do believe that if we can look at these models of collaboration and partnership, and work together to identify new solutions and how we might invest in them to make a real difference, we not only have an opportunity to deliver extraordinary results along the lines some of us have been able to do over time, but we have the opportunity to do it in a way that helps to restore the hopefulness in the future, and maybe create a path for public sector leadership, so we can truly address the dramatic consequences of the current fractured world in which we live.

To get there I think we'll have to overcome the challenge that sometimes our field can be too insular. More than 70 percent of the largest 100 U.S. foundations are headquartered in coastal states, for example. One lesson we need to take away from November's election is that we can no longer afford to work alone in closed-off spaces or ivory towers.

Everything I know about our past, and everything I'm learning about the present and thinking about the future, convinces me that we can together live up to our shared potential and make a real difference in this moment of need. We at The Rockefeller Foundation truly believe that, and we're fiercely committed to working with you, as good partners, to achieve it.

Robert Wood Johnson Foundation [to 6 May 2017]

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

Tue May 02 17:13:00 EDT 2017

Robert Wood Johnson Foundation Statement on Nutrition Standards for School Meals

A statement from Richard Besser, MD, president and CEO of the Robert Wood Johnson Foundation (RWJF), reaffirming support for school meals standards.

Science Philanthropy Alliance [to 6 May 2017]

<http://www.sciencephilanthropyalliance.org/what-we-do/news/>

"...a group of organizations working together to increase philanthropic support for basic scientific research on a global basis..."

No new digest content identified.

SDG Philanthropy Platform

<http://sdgfunders.org/conversation/>

SDG Philanthropy Platform is a collaboration between philanthropy and the greater international development community led by Foundation Center, United Nations Development Programme (UNDP) and Rockefeller Philanthropy Advisors, and supported by the Conrad N. Hilton Foundation, Ford Foundation and the MasterCard Foundation, the Brach Family Foundation, and other key organizations such as Asociación de Fundaciones Empresariales (AFE) in Colombia, Brach Family Charitable Foundation, CAF America, Council on Foundations, East Africa Association of Grantmakers (EAAG), European Foundation Centre, Filantropi Indonesia (FI),

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GlobalGiving, The Humanitarian Forum, World Congress of Muslim Philanthropists, and Worldwide Initiatives for Grantmaker Support (WINGS).

6-5-2017

[Apply for the SDG Innovation Challenge to Accelerate Universal and Safe Water in Ghana](#)

5-5-2017

[Apply for the SDG Innovation Challenge to accelerate ECD in Kenya!](#)

1-5-2017

[Innovation Challenge + Social Innovators = SDG Success](#)

Alfred P. Sloan Foundation

<https://sloan.org/about/press>

No new digest content identified.

Wellcome Trust [to 6 May 2017]

<https://wellcome.ac.uk/news>

Opinion / Published: 3 May 2017

[Is public mistrust of expertise damaging research?](#)

What does the world think about 'experts' – and how does that make you feel? We're exploring the role of expertise in research, policy making and wider society in our four-week #ExpertDebate.

Over the past couple of years, there seems to have been a pushback in society on 'experts', whether it's politicians saying that people have had enough of experts, or a rejection of scientific consensus on issues such as climate change, vaccination, or evidence-based decision-making.

We think this could be hindering the environment for research to thrive. So we're holding a four-week debate on [Facebook \(opens in a new tab\)](#) and [Twitter \(opens in a new tab\)](#) to explore the role of expertise, find out what the issues are and see what, if anything, Wellcome as an organisation might be able to do to help...

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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 Infection Control

May 01, 2017 Volume 45, Issue 5, p463-582, e45-e52

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

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[New issue; No digest content identified]

American Journal of Preventive Medicine

May 2017 Volume 52, Issue 5, p557-690, e123-e156

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

[New issue; No digest content identified]

American Journal of Public Health

Volume 107, Issue 5 (May 2017)

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

AJPH POLICY - REFUGEES

Evaluation of Measles-Mumps-Rubella Vaccination Among Newly Arrived Refugees

American Journal of Public Health: May 2017, Vol. 107, No. 5: 684–686.

Deborah Lee, Michelle Weinberg, Stephen Benoit

Abstract

Objectives. To assess US availability and use of measles-mumps-rubella (MMR) vaccination documentation for refugees vaccinated overseas.

Methods. We selected 1500 refugee records from 14 states from March 2013 through July 2015 to determine whether overseas vaccination records were available at the US postarrival health assessment and integrated into the Advisory Committee on Immunization Practices schedule. We assessed number of doses, dosing interval, and contraindications.

Results. Twelve of 14 (85.7%) states provided data on 1118 (74.5%) refugees. Overseas records for 972 (86.9%) refugees were available, most from the Centers for Disease Control and Prevention's Electronic Disease Notification system (66.9%). Most refugees (829; 85.3%) were assessed appropriately for MMR vaccination; 37 (3.8%) should have received MMR vaccine but did not; 106 (10.9%) did not need the MMR vaccine but were vaccinated.

Conclusions. Overseas documentation was available at most clinics, and MMR vaccinations typically were given when needed. Further collaboration between refugee health clinics and state immunization information systems would improve accessibility of vaccination documentation.

JAIL HIV

The Missing Link: HIV, Corrections, and Public Health

Anne C. Spaulding

American Journal of Public Health: May 2017, Vol. 107, No. 5: 641–642.

REFUGEES

Make Refugee Health Care Great [Again]

Ann M. Philbrick, Cherilyn M. Wicks, Ila M. Harris, Grant M. Shaft, James S. Van Vooren

American Journal of Public Health: May 2017, Vol. 107, No. 5: 656–658.

The refugee crisis was a controversial topic during the 2016 US presidential election and continues to generate political discussion. As health care providers, our responsibility is to set politics aside and provide high-quality medical care to these individuals. To do this, we must first understand the process by which they get to the United States and the obstacles they face. Current obstacles include language barriers, unsure access to medical insurance, navigation of a complex and confusing health care system, and misalignment of medical treatments with cultural or religious beliefs.

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American Journal of Tropical Medicine and Hygiene

Volume 96, Issue 5, 2017

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

Perspective Pieces

Motorcycles, Cell Phones, and Electricity Can Dramatically Change the Epidemiology of Infectious Disease in Africa

Authors: Jean-Christophe Lagier, Cheikh Sokhna and Didier Raoult

<https://doi.org/10.4269/ajtmh.16-0290>

Abstract

Some observations and recent publications demonstrated, particularly in Africa, the potential influence that low-cost motorcycles, cell phones, and even widespread electrification could have on the evolution of infectious diseases, particularly zoonoses. Our reflections support the conclusion that we should focus on the real-time surveillance systems including alerting systems leading to a rapid and flexible response rather than the strongly limited modeling of infectious diseases because of the continuous evolution of microorganisms, as well as changes in the environment and human habits that are unpredictable.

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 6 May 2017)

[No new digest content identified]

BMJ Global Health

January 2017; volume 2, issue 1

<http://gh.bmj.com/content/2/1?current-issue=y>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 6 May 2017)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 6 May 2017)

[No new digest content identified]

BMC Medical Ethics

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

(Accessed 6 May 2017)

[No new digest content identified]

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BMC Medicine

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

(Accessed 6 May 2017)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 6 May 2017)

Research article

[Personal and environmental factors associated with the utilisation of maternity waiting homes in rural Zambia](#)

Cephas Sialubanje, Karlijn Massar, Davidson H. Hamer and Robert A. C. Ruiter

Published on: 4 May 2017

Research article

[Evaluation of a quality improvement intervention for obstetric and neonatal care in selected public health facilities across six states of India](#)

Enisha Sarin, Subir K. Kole, Rachana Patel, Ankur Sooden, Sanchit Kharwal, Rashmi Singh, Mirwais Rahimzai and Nigel Livesley

Published on: 2 May 2017

BMC Public Health

<http://bmcpublichealth.biomedcentral.com/articles>

(Accessed 6 May 2017)

Study protocol

[Cluster randomized evaluation of Adolescent Girls Empowerment Programme \(AGEP\): study protocol](#)

Adolescents in less developed countries such as Zambia often face multi-faceted challenges for achieving successful transitions through adolescence to early adulthood. The literature has noted the need to intr...

Paul C. Hewett, Karen Austrian, Erica Soler-Hampejsek, Jere R. Behrman, Fiammetta Bozzani and Natalie A. Jackson-Hachonda

BMC Public Health 2017 17:386

Published on: 5 May 2017

BMC Research Notes

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

(Accessed 6 May 2017)

[No new digest content identified]

BMJ Open

April 2017 - Volume 7 - 4

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

Smoking and tobacco

[Reviewed earlier]

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Note: Navigation to Main Sections :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Bulletin of the World Health Organization

Volume 95, Number 5, May 2017, 313-388

<http://www.who.int/bulletin/volumes/95/5/en/>

EDITORIALS

Tuberculosis and antimicrobial resistance – new models of research and development needed

Grania Brigden, José Luis Castro, Lucica Ditiu, Glenda Gray, Debra Hanna, Marcus Low, Malebona Precious Matsoso, Greg Perry, Melvin Spigelman, Souyma Swaminathan, Els Torreele & Sidney Wong

<http://dx.doi.org/10.2471/BLT.17.194837>

Tuberculosis is a disease that needs more investment in research and development. More people – 1.4 million in 2015 – die from tuberculosis every year than from human immunodeficiency virus (1.1 million deaths; 400 000 die from combinations of these infections) and malaria (429 000 deaths). Despite a current global caseload of 580 000 people infected with drug-resistant tuberculosis,¹ current levels of investment – 620 million United States dollars – in research and development are at their lowest since 2008.² Over the past decade, only two new drugs have been licensed; bedaquiline and delamanid. Tuberculosis cannot be cured by a single drug, but requires at least three different classes of antibiotic for treatment. Drug-resistant tuberculosis – bacilli resistant to two or more of the available antibiotics – is a persistent problem and is projected to account for 25% of deaths from all drug-resistant pathogens in the future.³

In 2010, the World Health Organization's (WHO's) Consultative Expert Working Group on Research and Development was established to examine current financing and incentives for research and development and to propose new approaches addressing unmet medical needs. Delegates at this month's World Health Assembly will continue discussions to implement the recommendations from the group's 2012 report on global financing and coordination of research and development.⁴

A United Nations (UN) General Assembly session on antimicrobial resistance and the UN High Level panel on Access to Medicines,⁵ as well as reports from the United Kingdom of Great Britain and Northern Ireland³ and the German government⁶ have all looked at new research and development models to incentivize research for drug-resistant infections.

Several nongovernmental organizations, medical research councils, civil society representatives and the South African government have recently developed a new funding framework to support research and development of tuberculosis treatments – the 3P Project (pull, pool and push). This initiative (i) uses a pull incentive, by rewarding research through prizes; (ii) pools intellectual property and data; and (iii) uses push incentives through research grants.⁷ The 3P project is a collaborative research initiative that aims to support the discovery and development of a one-month treatment regimen that can be used to cure all cases of tuberculosis. The project's funding model will ensure that a new regimen is affordable and accessible to all those in need. The 3P Project incentivizes researchers by providing cash prizes for compounds that meet predefined product characteristics and are ready to enter phase I clinical trials. Coupling this financial reward with an obligation to pool the compounds data and intellectual property, the 3P Project will then fund the development of treatment combinations. The project will thus de-link the costs of research and development from the final cost of the treatment and sales as defined by the UN Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance;⁸ ensuring treatment affordability.

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We suggest that new models of research and development for tuberculosis, like the 3P Project, should be included in inter-governmental discussions on antimicrobial resistance priority setting. We encourage member states to support this initiative as a proactive response to address the priority pathogen for antimicrobial resistance.

RESEARCH

[Equity trends in ownership of insecticide-treated nets in 19 sub-Saharan African countries](#)

Cameron Taylor, Lia Florey & Yazoume Ye
<http://dx.doi.org/10.2471/BLT.16.172924>

[Evaluation of a social franchising and telemedicine programme and the care provided for childhood diarrhoea and pneumonia, Bihar, India](#)

Manoj Mohanan, Soledad Giardili, Veena Das, Tracy L Rabin, Sunil S Raj, Jeremy I Schwartz, Aparna Seth, Jeremy D Goldhaber-Fiebert, Grant Miller & Marcos Vera-Hernández
<http://dx.doi.org/10.2471/BLT.16.179556>

PERSPECTIVES

[National drug policy reform for noncommunicable diseases in low-resource countries: an example from Bangladesh](#)

Sheikh Mohammed Shariful Islam, Md Tauhidul Islam, Anwar Islam, Anthony Rodgers, Clara K Chow & Aliya Naheed
<http://dx.doi.org/10.2471/BLT.15.161117>

Child Care, Health and Development

May 2017 Volume 43, Issue 3 Pages 323–461
<http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.3/issuetoc>
[Reviewed earlier]

Clinical Therapeutics

April 2017 Volume 39, Issue 4, p665-872
[http://www.clinicaltherapeutics.com/issue/S0149-2918\(17\)X0004-0](http://www.clinicaltherapeutics.com/issue/S0149-2918(17)X0004-0)
[Reviewed earlier]

Complexity

November/December 2016 Volume 21, Issue S2 Pages 1–642
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S2/issuetoc>
[Reviewed earlier]

Conflict and Health

<http://www.conflictandhealth.com/>
[Accessed 6 May 2017]
[No new digest content identified]

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Current Opinion in Infectious Diseases

June 2017 - Volume 30 - Issue 3

<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>

PAEDIATRIC AND NEONATAL INFECTIONS

Placental transfer of antibody and its relationship to vaccination in pregnancy

Calvert, Anna; Jones, Christine E.

Current Opinion in Infectious Diseases . 30(3):268-273, June 2017.

Abstract:

Purpose of review: Vaccination in pregnancy boosts maternal vaccine-specific antibody concentration and therefore increases transplacental transfer of antibody to optimize protection of the infant. The purpose of this review is to describe what is known about placental transfer of antibody in the context of vaccination in pregnancy, focussing on the recent literature and areas of debate, particularly about the timing of vaccination.

Recent findings: There is a debate about the timing of pertussis vaccination in pregnancy with some studies reporting that vaccination in the third trimester results in higher pertussis antigen-specific IgG concentrations in cord blood and others finding that the concentration is higher following vaccination in the second trimester. The impact of timing of vaccination on antibody avidity in cord blood has also been investigated and one study suggests that avidity may be increased following vaccination at 27–30+6 gestational weeks compared with later vaccination.

Summary: Understanding placental transfer of antibody is vital in informing maternal vaccination strategy. There has been recent research about the timing of pertussis vaccination in pregnancy that has implications for the timing of both current and future vaccines to be used in pregnancy.

Developing World Bioethics

April 2017 Volume 17, Issue 1 Pages 1–60

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-1/issuetoc>

[Reviewed earlier]

Development in Practice

Volume 27, Issue 3

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

[Reviewed earlier]

Development Policy Review

May 2017 Volume 35, Issue 3 Pages 313–438

<http://onlinelibrary.wiley.com/doi/10.1111/dpr.2017.35.issue-3/issuetoc>

[Reviewed earlier]

Disability and Rehabilitation: Assistive Technology

Volume 12, Issue 4, 2017

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

[Reviewed earlier]

Disaster Medicine and Public Health Preparedness

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Volume 11 - Issue 2 - April 2017

<https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/latest-issue>

[Reviewed earlier]

Disasters

April 2017 Volume 41, Issue 2 Pages 209–426

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-2/issuetoc>

[Reviewed earlier]

EMBO Reports

Volume 18, Issue 3, 2017

<http://embor.embopress.org/front.current-issue>

[Reviewed earlier]

Emergency Medicine Journal

April 2017 - Volume 34 - 4

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

[Reviewed earlier]

Emerging Infectious Diseases

Volume 23, Number 4—April 2017

<http://wwwnc.cdc.gov/eid/>

[Reviewed earlier]

Epidemics

Volume 18, Pages 1-112 (March 2017)

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

Multi-model comparisons for neglected tropical diseases - validation and projection

Edited by Déirdre Hollingsworth and Graham Medley

[Reviewed earlier]

End of Life Journal

2016, Volume 7, Issue 1

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

[Reviewed earlier]

Epidemiology and Infection

Volume 145 - Issue 5 - April 2017

<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>

[Reviewed earlier]

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Ethics & International Affairs

Spring 2017 (Issue 31.1)

<https://www.ethicsandinternationalaffairs.org/2017/spring-2017-issue-31-1/>

[Reviewed earlier]

The European Journal of Public Health

Volume 27, Issue 2, 6 May 2017

<https://academic.oup.com/eurpub/issue/27/2>

[Reviewed earlier]

Food Policy

Volume 68, In Progress (April 2017)

<http://www.sciencedirect.com/science/journal/03069192/66>

[Reviewed earlier]

Food Security

Volume 9, Issue 2, April 2017

<http://link.springer.com/journal/12571/9/1/page/1>

[Reviewed earlier]

Forum for Development Studies

Volume 44, Issue 1, 2017

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

[Reviewed earlier]

Genocide Studies International

Volume 10, Issue 1, Spring 2016

<http://www.utpjournals.press/toc/gsi/current>

[Reviewed earlier]

Geoheritage

Volume 9, Issue 1, March 2017

<http://link.springer.com/journal/12371/9/1/page/1>

[Reviewed earlier]

Global Health Action

Volume 10, 2017 - Issue 1

<http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList>

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

March 24, 2017, 5 (1)

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

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

Global Public Health

Volume 12, 2017 Issue 6

<http://www.tandfonline.com/toc/rgph20/current>

Special Issue: Maternal and Child Health in Africa for Sustainable Development Goals (SDGs) Beyond 2015

[Reviewed earlier]

Globalization and Health

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

[Accessed 6 May 2017]

[No new digest content identified]

Health Affairs

April 2017; Volume 36, Issue 4

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

Issue Focus: Maternity Coverage, Children, Disability & More

[Reviewed earlier]

Health and Human Rights

Volume 18, Issue 2, December 2016

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

Special Section: Universal Health Coverage and Human Rights

[Reviewed earlier]

Health Economics, Policy and Law

Volume 12 - Issue 2 - April 2017

<https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue>

Special Issue: Towards a Global Framework for Health Financing

[Reviewed earlier]

Health Policy and Planning

Volume 32 Issue 3 April 2017

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 6 May 2017]

[Reviewed earlier]

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Human Rights Quarterly

Volume 39, Number 2, May 2017

<http://muse.jhu.edu/issue/36209>

Articles

Against Standardization of Memory

pp. 296-318

Lea David

ABSTRACT:

This article deals with the rise of memorialization standards and policy-oriented attempts to engage transitional societies to develop and adopt specific normative forms of remembrance. The transitional justice paradigm brought a tremendous change moving the paradigm from a "duty to remember" to policy-oriented "memorialization standards" that promote Western memorial models as a template for the representation of past tragedies or mass crimes. The article argues that the human rights regime mandates normative standards that de-historicize and de-contextualize local knowledge key, which not only disables different patterns of dealing with a traumatic past but also may strengthen societal divisions on the ground.

Taking the Right to Health Seriously: Implications for Health Systems, Courts, and Achieving Universal Health Coverage

pp. 341-368

Alicia Ely Yamin

ABSTRACT:

This article seeks to fill a gap between legal discussions regarding the normative content of the right to health and public health and development discussions about health system reform and Universal Health Coverage [UHC]. It sets out conceptual implications of defining health as a right, for health and health systems, and in turn for the involvement of courts in decision-making regarding health. Although appending remedies to broken health systems can exacerbate inequities, the article asserts that by taking systemic approaches the judiciary can promote both horizontal and vertical equity on the path to UHC, as well as foster more effective regulation of private actors. The judiciary does not substitute its own judgment for that of political organs of government, but rather can help to ensure that governmental actions are reasonable and justified in light of normative commitments. Taking the right to health seriously creates a narrative of health, and health care, as an asset of social citizenship, rather than one of largesse or markets, and in so doing, reflects an understanding of human beings as active agents in the social construction of their well-being, and not merely passive patients or consumers of care.

Torture and Ill-Treatment Under Perceived: Human Rights Documentation and the Poor

pp. 393-415

Steffen Jensen, Tobias Kelly, Morten Koch Andersen, Catrine Christiansen, Jeevan Raj Sharma

ABSTRACT:

This article addresses the question of how human rights practitioners know about harm. In particular, what forms of torture and ill-treatment are made legible through human rights documentation? We argue human rights documentation techniques can systematically under-perceive the extent of torture and ill-treatment among people living in poverty. The article is based on research in Kenya, Bangladesh, and Nepal, and sets out five key predispositions in documentation techniques that result in implicit discrimination.

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Humanitarian Exchange Magazine

Number 68 January 2017

<http://odihpn.org/magazine/the-crisis-in-south-sudan/>

The crisis in South Sudan

[Reviewed earlier]

IDRiM Journal

Vol 6, No 2 (2016)

<http://idrimjournal.com/index.php/idrim/issue/view/16>

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 6 May 2017]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 6 May 2017]

Commentary

[Commentary: restarting NTD programme activities after the Ebola outbreak in Liberia](#)

Brent C. Thomas, Karsor Kollie, Benjamin Koudou and Charles Mackenzie

Infectious Diseases of Poverty 2017 6:52

Published on: 1 May 2017

Abstract

It is widely known that the recent Ebola Virus Disease (EVD) in West Africa caused a serious disruption to the national health system, with many of ongoing disease focused programmes, such as mass drug administration (MDA) for onchocerciasis (ONC), lymphatic filariasis (LF) and schistosomiasis (SCH), being suspended or scaled-down. As these MDA programmes attempt to restart post-EVD it is important to understand the challenges that may be encountered. This commentary addresses the opinions of the major health sectors involved, as well as those of community members, regarding logistic needs and challenges faced as these important public health programmes consider restarting. There appears to be a strong desire by the communities to resume NTD programme activities, although it is clear that some important challenges remain, the most prominent being those resulting from the severe loss of trained staff.

International Health

Volume 9, Issue 2 March 2017

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

[Reviewed earlier]

International Human Rights Law Review

Volume 5, Issue 2, 2016

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

<http://booksandjournals.brillonline.com/content/journals/22131035/5/2>
[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 4, No 4 (2017) April 2017

<http://www.ijcmph.com/index.php/ijcmph/issue/view/22>

[Reviewed earlier]

International Journal of Disaster Risk Reduction

Volume 20, Pages 1-162 (December 2016)

<http://www.sciencedirect.com/science/journal/22124209/20>

[Reviewed earlier]

International Journal of Epidemiology

Volume 46, Issue 1 February 2017

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

[Reviewed earlier]

International Journal of Heritage Studies

Volume 23, Issue 6, 2017

<http://www.tandfonline.com/toc/rjhs20/current>

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Vol. 10 Issue: 2, pp.-, doi: 10.1108/IJHRH-10-2016-0018

<http://www.emeraldinsight.com/toc/ijhrh/10/2>

[Reviewed earlier]

International Journal of Infectious Diseases

April 2017 Volume 57, p1-150

[http://www.ijidonline.com/issue/S1201-9712\(17\)X0002-7](http://www.ijidonline.com/issue/S1201-9712(17)X0002-7)

[Reviewed earlier]

International Journal of Sustainable Development & World Ecology

Volume 24, 2017 - Issue 3

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

[Reviewed earlier]

International Migration Review

Spring 2017 Volume 51, Issue 1 Pages 1–287, e1–e16

<http://onlinelibrary.wiley.com/doi/10.1111/imre.2017.51.issue-1/issuetoc>

HEALTH-RELATED ISSUES OF IMMIGRANTS IN THE UNITED STATES

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

[Reviewed earlier]

Intervention – Journal of Mental Health and Psychological Support in Conflict Affected Areas
March 2017 - Volume 15 - Issue 1

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

[Reviewed earlier]

JAMA

May 2, 2017, Vol 317, No. 17, Pages 1707-1812

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

Special Issue on COI

Viewpoint

Conflict of Interest Why Does It Matter?

Harvey V. Fineberg, MD, PhD

In this Viewpoint, the former president of the Institute of Medicine discusses the importance of conflicts of interest to the integrity of the medical profession, and the importance of policies to manage conflicts of interest that are specific, clear, public, comprehensible, and fair.

Editorials

The Complex and Multifaceted Aspects of Conflicts of Interest

William W. Stead, MD

Conflict of Interest and Medical Journals

Phil Fontanarosa, MD, MBA; Howard Bauchner, MD

Why There Are No "Potential" Conflicts of Interest

Matthew S. McCoy, PhD; Ezekiel J. Emanuel, MD, PhD

This Viewpoint argues that "potential" conflicts of interest (COIs) are actual COIs that are effectively managed, and calls for clear terminology to describe the severity of COIs and how they are identified and managed.

Addressing Bias and Conflict of Interest Among Biomedical Researchers

Lisa Bero, PhD

JAMA. 2017;317(17):1723-1724. doi:10.1001/jama.2017.3854

This Viewpoint explores the differences between financial and nonfinancial conflicts of interest, the effects of both on research bias, and the importance of managing each in ways that reduce bias.

Role of Leaders in Fostering Meaningful Collaborations Between Academic Medical Centers and Industry While Also Managing Individual and Institutional Conflicts of Interest

Philip A. Pizzo, MD; Thomas J. Lawley, MD; Arthur H. Rubenstein, MBBCH

JAMA. 2017;317(17):1729-1730. doi:10.1001/jama.2017.2573

This Viewpoint discusses the important role that leaders of academic medical centers (AMCs) play in fostering collaborations with industry while managing individual and institutional conflicts of interest (COI).

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Managing Conflicts of Interest in Industry-Sponsored Clinical Research More Physician Engagement Is Required

Joanne Waldstreicher, MD; Michael E. Johns, MD

JAMA. 2017;317(17):1751-1752. doi:10.1001/jama.2017.4160

This Viewpoint discusses the conflicts of interest that arise from industry's dual obligations to patients and shareholders and outlines progress academic medical centers and others have made managing conflicts of interest in industry-sponsored clinical research.

Conflict of Interest and Legal Issues for Investigators and Authors

Joseph P. Thornton, JD

JAMA. 2017;317(17):1761-1762. doi:10.1001/jama.2017.4235

This Viewpoint discusses the duty of authors to report potential conflicts of interest, the legal and professional consequences of omissions, and processes for investigating allegations of failure to disclose conflicts of interest.

JAMA Pediatrics

May 2017, Vol 171, No. 5, Pages 407-500

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

Viewpoint

Preparing for Emerging Infectious Diseases

Lisa Saiman, MD, MPH; Amy S. Arrington, MD, PhD; Michael Bell, MD

JAMA Pediatr. 2017;171(5):411-412. doi:10.1001/jamapediatrics.2016.4947

This Viewpoint argues for increased preparedness in the pediatric community for emerging infectious diseases

JBI Database of Systematic Review and Implementation Reports

April 2017 - Volume 15 - Issue 4

<http://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

[Reviewed earlier]

Journal of Community Health

Volume 42, Issue 3, June 2017

<http://link.springer.com/journal/10900/42/3/page/1>

Original Paper

Variation in Human Papillomavirus Vaccine Uptake and Acceptability Between Female and Male Adolescents and Their Caregivers

Kristin L. Johnson, Meng-Yun Lin, Howard Cabral...

Journal of Cultural Heritage

Volume 25, Pages 1-190 (May–June 2017)

<http://www.sciencedirect.com/science/journal/12962074>

[Reviewed earlier]

Journal of Cultural Heritage Management and Sustainable Development

2017: Volume 7 Issue 2

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

<http://www.emeraldinsight.com/toc/jchmsd/7/2>
[Reviewed earlier]

Journal of Development Economics

Volume 126, Pages 1-242 (May 2017)
<http://www.sciencedirect.com/science/journal/03043878/126>
[No new digest content identified]

Journal of Environmental Management

Volume 190, Pages 1-302 (6 May 2017)
<http://www.sciencedirect.com/science/journal/03014797/190>
[Reviewed earlier]

Journal of Epidemiology & Community Health

May 2017 - Volume 71 - 5
<http://jech.bmj.com/content/current>
[New issue; No digest content identified]

Journal of Global Ethics

Volume 12, Issue 3, 2016
<http://www.tandfonline.com/toc/rjge20/current>
Theme Issue: Refugee Crisis: The Borders of Human Mobility
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

January – March 2017 Vol 9 Issue 1 Pages 1-37
<http://www.jgid.org/currentissue.asp?sabs=n>
[Reviewed earlier]

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

Volume 28, Number 2 Supplement, May 2017
<https://muse.jhu.edu/issue/36192>
The Power of Prevention: Reaching At-Risk Emerging Adults to Reduce Substance Abuse and HIV
Guest Editors: Lorece Edwards, DrPH, MHS, Morgan State University and Ronald L. Braithwaite, PhD, Morehouse School of Medicine
[Reviewed earlier]

Journal of Human Trafficking

Volume 3, Issue 1, 2017
<http://www.tandfonline.com/toc/uhmt20/current>
Resolving Data Wars: New Thoughts About Establishing Trafficking Prevalence Introduction to the Special Issue

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#) :: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

[Reviewed earlier]

Journal of Humanitarian Logistics and Supply Chain Management

Volume 7 Issue 1

<http://www.emeraldinsight.com/toc/jhlscm/7/1>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 19, Issue 3, June 2017

<http://link.springer.com/journal/10903/19/3/page/1>

Original Paper

Mental Health Status of Double Minority Adolescents: Findings from National Cross-Sectional Health Surveys

Szu-Ying Chiang, Theresa Fleming...

Original Paper

Threat of Deportation as Proximal Social Determinant of Mental Health Amongst Migrant Workers

Nicholas M. Harrigan, Chiu Yee Koh

Original Paper

The Psychological Consequences of Pre-Emigration Trauma and Post-Migration Stress in Refugees and Immigrants from Africa

Jennifer L. Steel, Andrea C. Dunlavy...

Original Paper

Coming of Age on the Margins: Mental Health and Wellbeing Among Latino Immigrant Young Adults Eligible for Deferred Action for Childhood Arrivals (DACA)

Rachel Siemons, Marissa Raymond-Flesh...

Original Paper

Mental Health of Refugees and Non-refugees from War-Conflict Countries: Data from Primary Healthcare Services and the Norwegian Prescription Database

Melanie L. Straiton, Anne Reneflot...

Original Paper

Food Insecurity and Risk of Depression Among Refugees and Immigrants in South Africa

Varsha Maharaj, Andrew Tomita, Lindokuhle Thela...

Journal of Immigrant & Refugee Studies

Volume 15, Issue 1, 2017

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

[Reviewed earlier]

Journal of Infectious Diseases

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Note: Navigation to Main Sections: :: [Week in Review](#) :: [Key Agency/IGO/Governments Watch](#) :: [INGO/Consortia/Joint Initiatives Watch](#)::: [Foundation/Major Donor Watch](#) :: [Journal Watch](#)

Volume 215, Issue suppl_3 15 March 2017
<http://jid.oxfordjournals.org/content/current>
[New issue; No digest content identified]

Journal of International Development

April 2017 Volume 29, Issue 3 Pages 285–403
<http://onlinelibrary.wiley.com/doi/10.1002/jid.v29.3/issuetoc>
[Reviewed earlier]

Journal of Medical Ethics

April 2017 - Volume 43 - 4
<http://jme.bmj.com/content/current>
[New issue; No digest content identified]

Journal of Operations Management

Volumes 49–51, Pages 1-88 (March 2017)
<http://www.sciencedirect.com/science/journal/02726963>
Special Issue: Competitive Manufacturing in a High-Cost Environment
Edited by Suzanne de Treville, Mikko Ketokivi and Vinod Singhal

Journal of Patient-Centered Research and Reviews

Volume 4, Issue 1 (2017)
<http://digitalrepository.aurorahealthcare.org/jpcrr/>
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 6 Issue 1, March 2017
<http://jpids.oxfordjournals.org/content/current>
[Reviewed earlier]

Journal of Pediatrics

May 2017 Volume 184, p1-246
<http://www.jpeds.com/current>
The Editors' Perspectives
[Pediatric clinical trials—number needed to recruit](#)
Denise M. Goodman
p1–2
Published in issue: May 2017
Abstract

As pediatricians we often extrapolate findings from adult clinical trials to comparable pediatric populations, acknowledging that this is an imperfect approach while bemoaning the lack of adequately powered pediatric trials. There are many reasons for the difficulties in completing clinical trials in children. For instance, the prevalence of certain conditions may be lower, and outcomes different, than for adults. By way of example, mortality is not infrequently used as an

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end point for adult studies of intensive care unit patients, but mortality in the pediatric intensive care unit is low and thus, an insensitive marker by which to assess the success of many interventions. In addition, there are special considerations in advancing studies in the vulnerable population of children, including a more complex informed consent process and potential reluctance on the part of parents as surrogate decision makers.

In this context, any empiric data regarding the execution of clinical trials in children is helpful. In this volume of *The Journal*, Schandelman et al report on premature discontinuation of clinical trials in children. They drew from studies approved by 6 research ethics committees in 3 countries. By using this approach they minimized issues with incomplete registration and reporting bias that might be present using trial registries or publications as the basis for examining trials. They also waited for as long as 10 years or more to ensure that recruitment and publication could be accomplished. These investigators found that 40% of pediatric trials, compared with 29% of adult clinical trials, are prematurely discontinued, with slow recruitment the most common reason across the board. After controlling for other trial characteristics, such as source of funding, they found, however, that being a pediatric trial was not in and of itself an independent risk factor for discontinuation. This suggests that other features of trial implementation, such as planned recruitment targets and adequate funding, may be more important.

These findings underscore the importance of robust clinical trial design, including a realistic recruitment strategy, an adequately sized pool of potential enrollees, and sufficient support for patient screening and consenting. The evidence needed to support good clinical decision making rests on rigorous science and a disciplined approach to trial implementation. We owe both the patients we treat and those who generously participate in clinical trials no less.

Original Articles

[Racial and Ethnic Disparities in Parental Refusal of Consent in a Large, Multisite Pediatric Critical Care Clinical Trial](#)

Joanne E. Natale, Ruth Lebet, Jill G. Joseph, Christine Ulysse, Judith Ascenzi, David Wypij, Martha A.Q. Curley for the Randomized Evaluation of Sedation Titration for Respiratory Failure (RESTORE) Study Investigators

p204–208.e1

Published online: March 3, 2017

Abstract

Objective

To evaluate whether race or ethnicity was independently associated with parental refusal of consent for their child's participation in a multisite pediatric critical care clinical trial.

Study design

We performed a secondary analyses of data from Randomized Evaluation of Sedation Titration for Respiratory Failure (RESTORE), a 31-center cluster randomized trial of sedation management in critically ill children with acute respiratory failure supported on mechanical ventilation. Multivariable logistic regression modeling estimated associations between patient race and ethnicity and parental refusal of study consent.

Result

Among the 3438 children meeting enrollment criteria and approached for consent, 2954 had documented race/ethnicity of non-Hispanic White (White), non-Hispanic Black (Black), or Hispanic of any race. Inability to approach for consent was more common for parents of Black (19.5%) compared with White (11.7%) or Hispanic children (13.2%). Among those offered consent, parents of Black (29.5%) and Hispanic children (25.9%) more frequently refused

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consent than parents of White children (18.2%, $P < .0167$ for each). Compared with parents of White children, parents of Black (OR 2.15, 95% CI 1.56-2.95, $P < .001$) and Hispanic (OR 1.44, 95% CI 1.10-1.88, $P = .01$) children were more likely to refuse consent. Parents of children offered participation in the intervention arm were more likely to refuse consent than parents in the control arm (OR 2.15, 95% CI 1.37-3.36, $P < .001$).

Conclusions

Parents of Black and Hispanic children were less likely to be approached for, and more frequently declined consent for, their child's participation in a multisite critical care clinical trial. Ameliorating this racial disparity may improve the validity and generalizability of study findings.

Trial registration

ClinicalTrials.gov: [NCT00814099](https://clinicaltrials.gov/ct2/show/study/NCT00814099).

Original Articles

[Premature Discontinuation of Pediatric Randomized Controlled Trials: A Retrospective Cohort Study](#)

Stefan Schandelmaier, Yuki Tomonaga, Dirk Bassler, Joerg J. Meerpohl, Erik von Elm, John J. You, Anette Bluemle, Francois Lamontagne, Ramon Saccilotto, Alain Amstutz, Theresa Bengough, Mihaela Stegert, Kelechi K. Olu, Kari A.O. Tikkinen, Ignacio Neumann, Alonso Carrasco-Labra, Markus Faulhaber, Sohail M. Mulla, Dominik Mertz, Elie A. Akl, Xin Sun, Jason W. Busse, Ignacio Ferreira-González, Alain Nordmann, Viktoria Gloy, Heike Raatz, Lorenzo Moja, Rachel Rosenthal, Shanil Ebrahim, Per O. Vandvik, Bradley C. Johnston, Martin A. Walter, Bernard Burnand, Matthias Schwenkglenks, Lars G. Hemkens, Gordon Guyatt, Heiner C. Bucher, Benjamin Kasenda, Matthias Briel

p209–214.e1

Published online: March 4, 2017

Abstract

Objectives

To determine the proportion of pediatric randomized controlled trials (RCTs) that are prematurely discontinued, examine the reasons for discontinuation, and compare the risk for recruitment failure in pediatric and adult RCTs.

Study design

A retrospective cohort study of RCTs approved by 1 of 6 Research Ethics Committees (RECs) in Switzerland, Germany, and Canada between 2000 and 2003. We recorded trial characteristics, trial discontinuation, and reasons for discontinuation from protocols, corresponding publications, REC files, and a survey of trialists.

Results

We included 894 RCTs, of which 86 enrolled children and 808 enrolled adults. Forty percent of the pediatric RCTs and 29% of the adult RCTs were discontinued. Slow recruitment accounted for 56% of pediatric RCT discontinuations and 43% of adult RCT discontinuations. Multivariable logistic regression analyses suggested that pediatric RCT was not an independent risk factor for recruitment failure after adjustment for other potential risk factors (aOR, 1.22; 95% CI, 0.57-2.63). Independent risk factors were acute care setting (aOR, 4.00; 95% CI, 1.72-9.31), nonindustry sponsorship (aOR, 4.45; 95% CI, 2.59-7.65), and smaller planned sample size (aOR, 1.05; 95% CI 1.01-1.09, in decrements of 100 participants).

Conclusion

Forty percent of pediatric RCTs were discontinued prematurely, owing predominately to slow recruitment. Enrollment of children was not an independent risk factor for recruitment failure.

Journal of Public Health Policy

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Volume 38, Issue 1, February 2017
<http://link.springer.com/journal/41271/38/1/page/1>
[Reviewed earlier]

Journal of the Royal Society – Interface

01 April 2017; volume 14, issue 129
<http://rsif.royalsocietypublishing.org/content/current>
Life Sciences–Mathematics interface
[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 2, March/April 2017
<https://academic.oup.com/jtm/issue/24/2>
[Reviewed earlier]

The Lancet

May 06, 2017 Volume 389 Number 10081 p1771-1858
<http://www.thelancet.com/journals/lancet/issue/current>
Editorial

Research integrity—have we made progress?

The Lancet

Published: 06 May 2017

DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31201-1](http://dx.doi.org/10.1016/S0140-6736(17)31201-1)

This month there will be two important anniversaries related to research integrity. The first is the 20 year anniversary of the Committee on Publication Ethics (COPE), celebrated at COPE's European annual meeting in London, UK, on May 25. The second marks 10 years since the first World Conference on Research Integrity (WCRI) in Lisbon, Portugal, in 2007—to be held at the fifth WCRI in Amsterdam, Netherlands, May 28–31. More than 600 delegates will gather and present research on research integrity and debate current policies and initiatives, progress, and difficulties. The conference theme is transparency and accountability. So what have these initiatives and organisations achieved and what is the current state of research integrity?

Compared with 20 years ago there is undoubtedly more discussion and awareness of research misconduct. There is more research into research integrity and inappropriate research practice. And there is more guidance and support for those researchers, funders, institutions, and journals that want to have good policies, practices, and processes in place. However, there are depressingly familiar examples that show we still have a long way to go to strengthen research integrity and publication ethics. Every day, dubious new journals and conference organisers solicit papers and presentations for a fee. The rise of such predatory journals and conferences is a disappointingly unsavoury by-product of the open access business model.

On April 20, the publisher Springer retracted a record 107 papers from one journal (Tumor Biology) because they had been accepted after fake peer review. These papers were discovered after additional screening as a consequence of an earlier round of retractions, but clearly stronger editorial practices could have detected these fatal flaws before publication. And last week, the investigators of the Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist (TOPCAT) trial, originally published in the New England Journal of

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Medicine in 2014, concluded in a correspondence letter in the journal that after further experiments the findings “arouse concerns regarding study conduct in Russia, and by implication, Georgia”—an example of a multicountry collaboration gone wrong.

Additionally, there are worrying signs that the research environment, which was highlighted at the last WCRI conference in Rio de Janeiro, Brazil, in 2015, as an important factor to promote and ensure responsible research, is becoming more competitive and less resilient. The uncertainty over long-term National Institute of Health funding in the USA sent shock waves through the scientific community. Similar concerns by Canadian scientists have emerged over the past few months where research funding is stagnating and increasingly linked to political priorities. And many researchers in the UK are concerned about European Union funding after Brexit.

So what can be done? A [new report](#) by the US National Academies of Sciences, Engineering, and Medicine—Fostering Integrity in Research, released on April 11—produced best practice checklists and issued 11 recommendations. Most of these are obvious and do not cover new ground, such as whistleblower protection and improved education. What the report does add beyond summarising the state of integrity and best practice recommendations is clearer and stronger language. It terms what has previously been called questionable or inappropriate research practices “detrimental practices”, recognising these to be detrimental to the research enterprise. Similarly, the World Association of Medical Editors earlier this year argued that a better name for predatory journals would be pseudo-journals to clearly identify them as destinations that researchers should avoid. And when there are outcries about the so-called reproducibility crisis, it should be understood that reproducibility is used in many different ways, which leads to confusion and disagreement. Steven Goodman concluded in [Science Translational Medicine](#) in June, 2016, that “we need to move toward a better understanding of the relationship between reproducibility, cumulative evidence, and the truth of scientific claims”.

The Amsterdam conference theme is a good one. Transparency and accountability are the fundamental principles for research integrity. Transparency in describing all aspects of the research process, from planning, proposing, performing, and reporting, goes a long way towards allowing better selection, scrutiny, and use of research. Such quality assessment needs to be at the heart of academic reward. What we do need also, however, is transparency of policies for all involved in research—institutions, funders, and journals alike—to allow a similar level of assessment and scrutiny by others. Accountability needs to be shared by all.

Editorial

[The next chapter in malaria eradication](#)

The Lancet

Published: 06 May 2017

DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31203-5](http://dx.doi.org/10.1016/S0140-6736(17)31203-5)

The narrative around combating malaria has long been equal parts optimism and pessimism. Remarkably, it was only a decade ago that Bill and Melinda Gates made the game-changing call for the eradication of malaria. Previous control efforts to reduce the burden, particularly in low-resource, malaria-endemic countries in sub-Saharan Africa, were limited by poor access to tools such as insecticide-treated nets, and faced rapidly drug-resistant strains of the highly lethal *Plasmodium falciparum* parasite requiring treatment with costly artemisinin-combination therapies. The proclamation that eradicating malaria was an achievable goal met with stern criticism at the time, but nevertheless spurred massive increases in international funding commitments and served as a lever to shift the then overarching malaria policy towards a

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common goal of eradication. It also resulted in the introduction of RTS,S, the first candidate malaria vaccine to yield promising safety and efficacy results and to be recommended by both the Strategic Advisory Group of Experts on Immunization and the Malaria Policy Advisory Committee.

Turning a page in the story of malaria, on April 24, 2017, the WHO Regional Office for Africa (WHO/AFRO) announced a pilot implementation programme beginning in 2018. The RTS,S vaccine will be available in three African countries—Ghana, Kenya, and Malawi—chosen for having mature existing immunisation programmes and high coverage of insecticide-treated nets, yet with persistently high malaria burdens. Although the availability and roll out of the RTS,S vaccine is a remarkable achievement, the decision to implement the pilot programme at this stage is not without controversy. Critics have pointed out several serious shortcomings, including the intensive regimen (three injected doses at months 0, 1, and 2, and a booster dose at month 20), which could be unfeasible outside of rigorously controlled clinical trials, as well as waning efficacy over time.

Cautious optimism is understandable, but it must be emphasised that the vaccine is but one additional tool in the current limited armamentarium for making progress against malaria. Adequate support and scrupulous monitoring will determine whether the pilot programme is a success or a cautionary tale.

Review

The Rohingya people of Myanmar: health, human rights, and identity

Syed S Mahmood, Emily Wroe, Arlan Fuller, Jennifer Leaning

Summary

The Rohingya people of Myanmar (known as Burma before 1989) were stripped of citizenship in 1982, because they could not meet the requirement of proving their forefathers settled in Burma before 1823, and now account for one in seven of the global population of stateless people. Of the total 1.5 million Rohingya people living in Myanmar and across southeast Asia, only 82 000 have any legal protection obtained through UN-designated refugee status. Since 2012, more than 159 000 people, most of whom are Rohingya, have fled Myanmar in poorly constructed boats for journeys lasting several weeks to neighbouring nations, causing hundreds of deaths. We outline historical events preceding this complex emergency in health and human rights. The Rohingya people face a cycle of poor infant and child health, malnutrition, waterborne illness, and lack of obstetric care. In December, 2014, a UN resolution called for an end to the crisis. We discuss the Myanmar Government's ongoing treatment of Rohingya through the lens of international law, and the steps that the newly elected parliament must pursue for a durable solution.

Lancet Global Health

May 2017 Volume 5 Number 5 e467-e555

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

Comment

Introducing The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era

Margaret E Kruk, Muhammad Pate, Zoë Mullan

The Millennium Development Goals on health have expanded access to basic health interventions to millions of people in low-income and middle-income countries (LMICs). However, access alone will not be sufficient to meet the Sustainable Development Goals (SDGs)

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if health systems cannot provide high quality care—ie, care that improves health outcomes and provides value to people. Emerging data show that many LMIC health systems struggle to consistently provide good quality of care.^{1, 2} Yet change is possible. Primary health-care facilities, which tend to reach the poorest segment of populations, are an important plank in the drive towards achieving the SDGs. In Nigeria, supporting primary health-care centres in rural areas with quality assessment, an action plan, and technical assistance in management resulted in significant improvements in adoption of quality practices.³

Health system quality in lower-income countries has been under-defined and under-researched. There is no agreed upon single definition of a high-quality health system or its aims and there is no consensus on metrics. Instead, many countries face a proliferation of definitions and measures across disease areas. The emphasis in quality measurement has been on inputs: equipment, medicines, staff. Yet, this does not paint the full picture of quality—a well-equipped facility may still provide poor care. And patients' experience of care and patient-reported outcomes, which influence people's decisions to use or avoid services and provide valuable insights on performance, are rarely measured. There is little information on national and regional levels of quality and its distribution, weak evidence on the factors that drive quality variations, and low effectiveness of current quality improvement approaches. Finally, there is an urgent need to expand the solution space for quality improvement: to move beyond in-service training and other clinic-focused approaches to consider structural solutions, such as service regionalisation, updating medical and nursing education, technological innovation, and strengthening professional and community oversight of care.

To galvanise research and action on quality of care in LMIC health systems, The Lancet Global Health has commissioned a major report: The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era (HQSS Commission). This will be a piece of science-led, multidisciplinary, actionable work with wide-reaching goals and measurable indicators, and will embody the journal's commitment to “the best science for better lives”. The HQSS Commission will be chaired by Margaret Kruk and Muhammad Pate and brings together 30 academics, policymakers, and health system experts from 18 countries. Guided by the values of originality, rigour, relevance, and respect for local context and actors, the Commission will review current and improving quality in pursuit of the SDGs. It will produce a single conceptual framework of high-quality health systems to increase the salience of the concept to policymakers, providers, and people. It will build on and inform the work of other ongoing efforts including Countdown to 2030; the Health Data Collaborative; the Quality, Equity, and Dignity Network; and the Primary Health Care Performance Initiative.

The Commission's specific aims are to (1) define health system quality, (2) describe quality of care and its distribution across tracer SDG conditions, (3) propose practical measures of quality, and (4) identify structural approaches to improve quality. The work will be underpinned by an exploration of the ethical dimensions of quality, including the right to quality health-care and equity. The analysis will be done by four Commission working groups, shown in the [panel](#). The HQSS Commission will hold its first meeting on March 13–15, 2017, in Boston, USA, convening the commissioners and an Advisory Council of experts and global partners.

Articles

[Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific](#)

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Emma Fulu, Stephanie Miedema, Tim Roselli, Sarah McCook, Ko Ling Chan, Regine Haardörfer, Rachel Jewkes on behalf of the UN Multi-country Study on Men and Violence study team

Articles

Measuring Iran's success in achieving Millennium Development Goal 4: a systematic analysis of under-5 mortality at national and subnational levels from 1990 to 2015

Younes Mohammadi, Mahboubeh Parsaeian, Parinaz Mehdipour, Ardeshtir Khosravi, Bagher Larijani, Ali Sheidaei, Anita Mansouri, Amir Kasaeian, Kamran Yazdani, Maziar Moradi-Lake, Elaheh Kazemi, Saeideh Aghamohammadi, Nazila Rezaei, Maryam Chegini, Rosa Haghshenas, Hamidreza Jamshidi, Farnaz Delavari, Mohsen Asadi-Lari, Farshad Farzadfar

Articles

Progress and inequities in maternal mortality in Afghanistan (RAMOS-II): a retrospective observational study

Linda Bartlett, Amnesty LeFevre, Linnea Zimmerman, Sayed Ataullah Saeedzai, Sabera Torkamani, Weeda Zabih, Hannah Tappis, Stan Becker, Peter Winch, Marge Koblinsky, Ahmed Javed Rahmanzai

Lancet Infectious Diseases

May 2017 Volume 17 Number 5 p461-562 e128-e165

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

Editorial

Is malaria elimination within reach?

The Lancet Infectious Diseases

Published: May 2017

DOI: [http://dx.doi.org/10.1016/S1473-3099\(17\)30197-4](http://dx.doi.org/10.1016/S1473-3099(17)30197-4)

Released on March 24, in ample time for World Malaria Day on April 25, WHO's *A Framework for Malaria Elimination* is the first time WHO returns to this significant topic since 2007. Given the launch of this update to the framework it is fitting that the theme for World Malaria Day will ambitiously be "End Malaria for Good". Within the theme of ending malaria for good there will be particular focus on prevention through the use of insecticide-treated nets and indoor spraying. Prevention has been a significant factor in the reduction of infections and deaths over the past 17 years.

Crucially, WHO has avoided a rigid approach to its framework, acknowledging the need for ongoing revision should new tools and strategies emerge. Pedro Alonso, Director of the Global Malaria Programme, emphasises that the framework does not offer a one size fits all approach; each country is to tailor the interventions to suit local needs. This flexibility is refreshingly pragmatic and stands a greater chance of success.

One tangible gap in the framework is its focus on only two species of the human malaria parasite: *Plasmodium falciparum* and *Plasmodium vivax*. The other species (*Plasmodium malariae*, *Plasmodium ovale*, and the zoonotic *Plasmodium knowlesi*) get scant mention. When some species are not factored into the equation it becomes difficult to understand how the ultimate aim of elimination can be achieved. However, taking such a critical view might allow the best to become the enemy of the good. The opening paragraph of the framework lays out why the focus is on *P falciparum* and *P vivax*: they pose the greatest threat. And the inclusion of *P vivax* is a notable advance given this was once considered a neglected parasite.

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Nonetheless, the promotion of a strategy that is not comprehensive does risk saving up problems for the future.

To reach the milestones of WHO's Global Technical Strategy 2016–2030, the pace of progress must be rapidly accelerated. Progress has been particularly difficult in low-income countries. It does not take an inspired leap of imagination to grasp that funding is a limiting factor—in 2015, requirements to support malaria programmes were forecast at US\$6·4 billion by 2020, \$7·7 billion by 2025, and \$8·7 billion by 2030. Thankfully, as noted in the [January Editorial](#) in this journal, despite early concerns about the incoming US administration, crucial investment from the USA is likely to be forthcoming, which sends a powerful signal to other partners.

In 2015, when the [millennium development goal for malaria](#) was declared met, many stakeholders were at pains to express that this achievement was only the end of the beginning and too soon for any sort of victory celebration. That the framework still focuses on the low-hanging fruit of “areas of low transmission that are progressing to zero” highlights how much there is still to do. Adding to the complexity of the task ahead is the emergence of antimalarial resistance. In this issue, [Mallika Imwong and colleagues](#) chronicle the spread of artemisinin-resistant *P falciparum* in the Greater Mekong subregion. Their worrying conclusion is that elimination of *P falciparum* malaria from this region should be accelerated while available antimalarial drugs still remain effective. Although not part of the new framework, WHO did release a strategy specific to this region in November, 2016.

A section on innovation and research rounds out the framework, providing a very brief outline of ongoing work. Substantial advances have been made. For example, in this issue [Mahamadou Sissoko, Sara Healy, and colleagues](#) report for the first time on the safety and efficacy of a *P falciparum* sporozoite vaccine in the field. Also, progress is being made in the development of new treatments. Recently online in *The Lancet Infectious Diseases*, [James McCarthy and colleagues](#) and [Mihály Sulyok and colleagues](#) reported early trials of a new, long-lasting antimalarial, DSM265. Although clearly at an early stage of development, a new treatment offers some hope that it might be possible to keep pace with the emergence of antimalarial resistance.

A notable addition to the framework is the outlining of the requirements for achieving and maintaining malaria elimination. Included among these requirements is a greater emphasis on health systems. If applied with care, this focus on health systems could have broader benefits than on malaria alone. As with any document aimed at policymakers, the aims (ie, elimination) can seem very ambitious; however, as evident from progress so far, ambition is a strategy that has served the malaria community well.

Comment

[Cholera vaccination: pregnant women excluded no more](#)

Pedro L Moro, Lakshmi Sukumaran

Summary

Cholera is a serious dehydrating diarrhoeal disease caused by toxigenic serogroups (O1 and O139) of *Vibrio cholerae*, which is spread by faecal contamination of water and food. It is a disease of poverty and is closely linked to poor sanitation and lack of clean water.¹ Cholera affects up to 2·8 million people and kills approximately 91 000 each year.² Children aged younger than 5 years have the greatest incidence of disease in endemic areas. Among pregnant women, cholera can cause serious complications—namely, fetal loss, with rates varying from 2% to 36%.

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Articles

[The spread of artemisinin-resistant Plasmodium falciparum in the Greater Mekong subregion: a molecular epidemiology observational study](#)

Mallika Imwong, Kanokon Suwannasin, Chanon Kunasol, Kreepol Sutawong, Mayfong Mayxay, Huy Rekol, Frank M Smithuis, Tin Maung Hlaing, Kyaw M Tun, Rob W van der Pluijm, Rupam Tripura, Olivo Miotto, Didier Menard, Mehul Dhorda, Nicholas P J Day, Nicholas J White, Arjen M Dondorp
Open Access

[Safety and efficacy of PfSPZ Vaccine against Plasmodium falciparum via direct venous inoculation in healthy malaria-exposed adults in Mali: a randomised, double-blind phase 1 trial](#)

Mahamadou S Sissoko, Sara A Healy, Abdoulaye Katile, Freda Omaswa, Irfan Zaidi, Erin E Gabriel, Bourama Kamate, Yacouba Samake, Merepen A Guindo, Amagana Dolo, Amadou Niangaly, Karamoko Niaré, Amatique Zeguime, Kourane Sissoko, Hama Diallo, Ismaila Thera, Kelly Ding, Michael P Fay, Elise M O'Connell, Thomas B Nutman, Sharon Wong-Madden, Tooba Murshedkar, Adam J Ruben, Minglin Li, Yonas Abebe, Anita Manoj, Anusha Gunasekera, Sumana Chakravarty, B Kim Lee Sim, Peter F Billingsley, Eric R James, Michael Walther, Thomas L Richie, Stephen L Hoffman, Ogobara Doumbo, Patrick E Duffy

[Safety, immunogenicity, and preliminary clinical efficacy of a vaccine against extraintestinal pathogenic Escherichia coli in women with a history of recurrent urinary tract infection: a randomised, single-blind, placebo-controlled phase 1b trial](#)

Angela Huttner, Christoph Hatz, Germie van den Dobbelen, Darren Abbanat, Alena Hornacek, Rahel Frölich, Anita M Dreyer, Patricia Martin, Todd Davies, Kellen Fae, Ingrid van den Nieuwenhof, Stefan Thoelen, Serge de Vallière, Anette Kuhn, Enos Bernasconi, Volker Viereck, Tilemachos Kavvadias, Kerstin Kling, Gloria Ryu, Tanja Hülner, Sabine Gröger, David Scheiner, Cristina Alaimo, Stephan Harbarth, Jan Poolman, Veronica Gambillara Fonck

[Safety of a killed oral cholera vaccine \(Shanchol\) in pregnant women in Malawi: an observational cohort study](#)

Mohammad Ali, Allyson Nelson, Francisco J Luquero, Andrew S Azman, Amanda K Debes, Maurice Mwesawina M'bang'ombe, Linly Seyama, Evans Kachale, Kingsley Zuze, Desire Malichi, Fatima Zulu, Kelias Phiri Msyamboza, Storn Kabuluzi, David A Sack

Summary

Background

Pregnancy increases the risk of harmful effects from cholera for both mothers and their fetuses. A killed oral cholera vaccine, Shanchol (Shantha Biotechnics, Hyderabad, India), can protect against the disease for up to 5 years. However, cholera vaccination campaigns have often excluded pregnant women because of insufficient safety data for use during pregnancy. We did an observational cohort study to assess the safety of Shanchol during pregnancy.

Methods

This observational cohort study was done in two adjacent districts (Nsanje and Chikwawa) in Malawi. Individuals older than 1 year in Nsanje were offered oral cholera vaccine during a mass vaccination campaign between March 30 and April 30, 2015, but no vaccines were administered in Chikwawa. We enrolled women who were exposed to oral cholera vaccine during pregnancy in Nsanje district, and women who were pregnant in Chikwawa district (and thus not exposed to oral cholera vaccine) during the same period. The primary endpoint of our analysis was pregnancy loss (spontaneous miscarriage or stillbirth), and the secondary endpoints were

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neonatal deaths and malformations. We evaluated these endpoints using log-binomial regression, adjusting for the imbalanced baseline characteristics between the groups. This study is registered with [ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02499172), number [NCT02499172](https://clinicaltrials.gov/ct2/show/study/NCT02499172).

Findings

We recruited 900 women exposed to oral cholera vaccine and 899 women not exposed to the vaccine between June 16 and Oct 10, 2015, and analysed 835 in each group. 361 women exposed to the vaccine and 327 not exposed to the vaccine were recruited after their pregnancies had ended. The incidence of pregnancy loss was 27·54 (95% CI 18·41–41·23) per 1000 pregnancies among those exposed to the vaccine and 21·56 (13·65–34·04) per 1000 among those not exposed. The adjusted relative risk for pregnancy loss among those exposed to oral cholera vaccine was 1·24 (95% CI 0·64–2·43; $p=0\cdot52$) compared with those not exposed to the vaccine. The neonatal mortality rate was 11·78 (95% CI 5·92–23·46) per 1000 livebirths for infants whose mothers were exposed to oral cholera vaccine versus 8·91 (4·02–19·77) per 1000 livebirths for infants whose mothers were not exposed to the vaccine (crude relative risk 1·32, 95% CI 0·46–3·84; $p=0\cdot60$). Only three newborn babies had malformations, two in the vaccine exposure group and one in the no-exposure group, yielding a relative risk of 2·00 (95% CI 0·18–22·04; $p=0\cdot57$), although this estimate is unreliable because of the small number of outcomes.

Interpretation

Our study provides evidence that fetal exposure to oral cholera vaccine confers no significantly increased risk of pregnancy loss, neonatal mortality, or malformation. These data, along with findings from two retrospective studies, support use of oral cholera vaccine in pregnant women in cholera-affected regions.

Funding

Bill & Melinda Gates Foundation.

Lancet Public Health

May 2017 Volume 2 Number 5 e202-e246

<http://thelancet.com/journals/lanpub/issue/current>

Articles

[Progress and prospects for the control of HIV and tuberculosis in South Africa: a dynamical modelling study](#)

Brian G Williams, Somya Gupta, Matthew Wollmers, Reuben Granich

Summary

Background

In September, 2016, South Africa adopted a policy of providing antiretroviral treatment to everyone infected with HIV irrespective of their CD4 cell count. Studies of universal treatment and expanded prevention of HIV differ widely in their projections of effects and the associated costs, so we did this analysis to attempt to find a consensus.

Methods

We used data on HIV from the Joint UN Programme on HIV and AIDS (UNAIDS) from 1988 to 2013 and from data from WHO on tuberculosis from 1980 to 2013 to fit a dynamical model to time trends in HIV prevalence, antiretroviral therapy (ART) coverage, and tuberculosis notification rates in South Africa. We then used the model to estimate current trends and project future patterns in HIV prevalence and incidence, AIDS-related mortality, and tuberculosis notification rates, and we used data from the South African National AIDS Council to assess current and future costs under different combinations of treatment and prevention approaches. We considered two treatment strategies: the Constant Effort strategy, in which people infected with HIV continue to start treatment at the rate in 2016, and the Expanded

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Treatment and Prevention (ETP) strategy, in which testing rates are increased, treatment is started immediately after HIV is detected, and prevention programmes are expanded.

Findings

Our estimates show that HIV incidence among adults aged 15 years or older fell from 2·3% per year in 1996 to 0·65% per year in 2016, AIDS-related mortality decreased from 1·4% per year in 2006 to 0·37% per year in 2016, and both continue to fall at a relative rate of 17% per year. Our model shows that maintenance of Constant Effort will have a substantial effect on HIV but will not end AIDS, whereas ETP could end AIDS by 2030, with incidence of HIV and AIDS-related mortality rates both at less than one event per 1000 adults per year. Under ETP the annual cost of health care and prevention will increase from US\$2·3 billion in 2016 to \$2·9 billion in 2018, then decrease to \$1·7 billion in 2030 and \$0·9 billion in 2050. Over the next 35 years, the expansion of treatment will avert an additional 3·8 million new infections, save 1·1 million lives, and save \$3·2 billion compared with continuing Constant Effort up to 2050.

Expansion of prevention, including provision of pre-exposure prophylaxis, condom distribution, and male circumcision, could avert a further 150 000 new infections, save 5000 lives, and cost an additional \$5·7 billion compared with Constant Effort.

Interpretation

Our results suggest that South Africa is on track to reduce HIV incidence and AIDS-related mortality substantially by 2030, saving both lives and money. Success will depend on high rates of HIV testing, ART delivery and adherence, good patient monitoring and support, and data to monitor progress.

Funding

None.

Lancet Respiratory Medicine

May 2017 Volume 5 Number 5 p361-456 e16-e19

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

[New issue: No digest content identified]

Maternal and Child Health Journal

Volume 21, Issue 5, May 2017

<http://link.springer.com/journal/10995/21/5/page/1>

From the Field

[Knowledge, Attitudes and Perceptions About Routine Childhood Vaccinations Among Jewish Ultra-Orthodox Mothers Residing in Communities with Low Vaccination Coverage in the Jerusalem District](#)

Chen Stein Zamir, Avi Israeli

Abstract

Background and aims

Childhood vaccinations are an important component of primary prevention. Maternal and Child Health (MCH) clinics in Israel provide routine vaccinations without charge. Several vaccine-preventable-diseases outbreaks (measles, mumps) emerged in Jerusalem in the past decade. We aimed to study attitudes and knowledge on vaccinations among mothers, in communities with low immunization coverage.

Methods

A qualitative study including focus groups and semi-structured interviews. Results Low immunization coverage was defined below the district's mean (age 2 years, 2013) for measles-mumps-rubella-varicella 1st dose (MMR1\MMRV1) and diphtheria-tetanus-pertussis 4th dose

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(DTaP4), 96 and 89%, respectively. Five communities re included, all were Jewish ultra-orthodox. The mothers' (n=87) median age was 30 years and median number of children 4. Most mothers (94%) rated vaccinations as the main activity in the MCH clinics with overall positive attitudes. Knowledge about vaccines and vaccination schedule was inadequate. Of vaccines scheduled at ages 0–2 years (n=13), the mean number mentioned was 3.9 ± 2.8 (median 4, range 0–9). Vaccines mentioned more often were outbreak-related (measles, mumps, polio) and HBV (given to newborns). Concerns about vaccines were obvious, trust issues and religious beliefs were not. Vaccination delay was very common and timeliness was considered insignificant. Practical difficulties in adhering to the recommended schedule prevailed. The vaccinations visits were associated with pain and stress. Overall, there was a sense of self-responsibility accompanied by inability to influence others.

Conclusion

Investigating maternal knowledge and attitudes on childhood vaccinations provides insights that may assist in planning tailored intervention programs aimed to increase both vaccination coverage and timeliness.

Original Paper

Vaccination Coverage and Timelines Among Children 0–6 Months in Kinshasa, the Democratic Republic of Congo: A Prospective Cohort Study

Paul N. Zivich, Landry Kiketa, Bienvenu Kawende...

Medical Decision Making (MDM)

Volume 37, Issue 3, April 2017

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

March 2017 Volume 95, Issue 1 Pages 1–209

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-1/issuetoc>

[Reviewed earlier]

Nature

Volume 545 Number 7652 pp5-128 4 May 2017

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

Analysis

Reconciling controversies about the 'global warming hiatus'

Iselin Medhaug, Martin B. Stolpe, Erich M. Fischer & Reto Knutti

Apparently contradictory conclusions regarding the 'global warming hiatus' are reconciled, strengthening the current scientific understanding that long-term global warming is extremely likely to be of anthropogenic origin.

New England Journal of Medicine

May 4, 2017 Vol. 376 No. 18

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

Review Article

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The Changing Face of Clinical Trials

Jeffrey M. Drazen, M.D., David P. Harrington, Ph.D., John J.V. McMurray, M.D., James H. Ware, Ph.D., Janet Woodcock, M.D., Editors

Academic, Foundation, and Industry Collaboration in Finding New Therapies

Bonnie W. Ramsey, M.D., Gerald T. Nepom, M.D., Ph.D., and Sagar Lonial, M.D.

N Engl J Med 2017; 376:1762-1769 May 4, 2017 DOI: 10.1056/NEJMra1612575

Breakthroughs in the ability to probe and better understand biologic systems during the past 30 years¹⁻³ have enabled the medical community to develop new therapeutic agents and change the course of many life-shortening diseases.^{4,5} Despite this success, bridging the gap between promising laboratory observations and the development of effective therapies remains risky and expensive, with fewer than 1 in 10,000 early translational programs successfully achieving Food and Drug Administration (FDA) approval, at a cost of nearly \$1 billion.⁶ Most therapeutic development fails in the preclinical phase, which is sometimes described as the “valley of death.”⁷

For this reason and because therapies for some conditions will have a limited eventual market value, the pharmaceutical industry has been hesitant to initiate early-stage programs to treat so-called orphan diseases. In recognition of a critical need, federal agencies have developed programs to catalyze innovation and reduce barriers to early development of new therapies.⁸ In the past two decades, disease-focused foundations also have developed a new approach to bridging this preclinical gap. In a process known as venture philanthropy, such foundations have formed partnerships with industry and federal agencies to share the financial risk of therapeutic development, shorten the early translational pipeline, and advance research with “a focus on human, not financial, return.”⁹ In addition, foundations and their academic partners have accelerated early development by providing access to patient populations for clinical trials and assistance from disease-specific experts in study design, which has helped in bridging the gap in therapeutic development.

In this review, we will focus on three diseases — cystic fibrosis, multiple myeloma, and type 1 diabetes mellitus — to illustrate how collaborations among academic institutions, foundations, and industry partners have evolved to address the therapeutic challenges of these conditions.

Nonprofit and Voluntary Sector Quarterly

Volume 46, Issue 3, June 2017

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

Articles

(Un)Obtrusive Control in Emergent Networks: Examining Funding Agencies’ Control Over Nonprofit Networks

Marya L. Doerfel, Yannick Atouba, Jack L. Harris

First Published August 21, 2016; pp. 469–487

Abstract

Nonprofit sector organizations tackle intractable problems by seeking support from external funding agencies, resulting in funders holding power through resource control. Nonprofits also access resources and coordinate activities through building networks with other nonprofits. Such networks have been viewed as emergent with an underlying assumption that the nonprofits determine when and with whom to partner. Given the power of funders, however, how much control do the nonprofits have in determining whether or not to partner? Document analysis of 83 application packets used by funders in the United States to collect and assess nonprofit suitability for funding shows significant differences between private- and public-sector control over nonprofits decisions to network. Unlike private-sector foundations, public-agency

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funding documents mandate awardees to network, which has practical and theoretical implications. Although the idea of building a network implies autonomous acts on the part of nonprofits, some are prone to hierarchical influences through grant-making policy.

Articles

Examining the Role and Diversity of Fiscal Sponsors in the Nonprofit Sector

Fredrik O. Andersson, Daniel Gordon Neely

Abstract

This study discusses and documents the role and diversity of fiscal sponsors within the nonprofit sector. Fiscal sponsors provide critical support to nascent nonprofits, yet relatively little is known about which nonprofits elect to become fiscal sponsors, which type of projects and/or organizations do they choose to sponsor, and what costs are associated with sponsorship. We find that Arts and Philanthropic/Grantmaking subsectors are the most frequent home for fiscal sponsors; however, most subsectors house fiscal sponsors. Interestingly, with rare exception, fiscal sponsors charge a non-trivial fee based on revenues raised by the sponsored organization in exchange for administrative support services. The administrative support services provided cluster around financial management (bookkeeping, tax, bill paying). Overall, this study sheds light on an important support function for nascent nonprofits. The study concludes with future research streams that can further our collective understanding of a growing and critical support function for early stage nonprofits.

Articles

Civil Society Organizations in Opposition to Healthcare Commercialization: Protecting Access for the Poor and Middle Class in Malaysia

Rajah Rasiah, Makmor Tumin, Latifa Musafar Hameed, Ibrahim Ndoma

First Published June 27, 2016; pp. 567–585

Abstract

This article examines the role of civil society organizations (CSOs) in contesting healthcare commercialization in Malaysia. The article uses a novel framework to analyze the emergence of CSOs to protect the interests of the disadvantaged against commercialization initiatives. CSO action has expanded following the formation of social networks and election into parliament of individuals who share their views to oppose healthcare commercialization in the country. Against the odds, the evidence suggests that a significant presence of CSOs has emerged to challenge healthcare commercialization. Political changes have also given CSOs the opportunity to campaign for the protection of the interests of the disadvantaged in Malaysia's healthcare development processes.

Oxford Monitor of Forced Migration

OxMo Vol. 6, No. 2

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

[Reviewed earlier]

Pediatrics

May 2017, VOLUME 139 / ISSUE 5

<http://pediatrics.aappublications.org/content/139/5?current-issue=y>

Articles

Open Access

Community Poverty and Child Abuse Fatalities in the United States

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Caitlin A. Farrell, Eric W. Flegler, Michael C. Monuteaux, Celeste R. Wilson, Cindy W. Christian, Lois K. Lee

Pediatrics May 2017, 139 (5) e20161616; DOI: 10.1542/peds.2016-1616

Abstract

BACKGROUND AND OBJECTIVE: Child maltreatment remains a problem in the United States, and individual poverty is a recognized risk factor for abuse. Children in impoverished communities are at risk for negative health outcomes, but the relationship of community poverty to child abuse fatalities is not known. Our objective was to evaluate the association between county poverty concentration and rates of fatal child abuse.

METHODS: This was a retrospective, cross-sectional analysis of child abuse fatalities in US children 0 to 4 years of age from 1999 to 2014 by using the Centers for Disease Control and Prevention Compressed Mortality Files. Population and poverty statistics were obtained from US Census data. National child abuse fatality rates were calculated for each category of community poverty concentration. Multivariate negative binomial regression modeling assessed the relationship between county poverty concentration and child abuse fatalities.

RESULTS: From 1999 to 2014, 11 149 children 0 to 4 years old died of child abuse; 45% (5053) were <1 year old, 56% (6283) were boys, and 58% (6480) were white. The overall rate of fatal child abuse was 3.5 per 100 000 children 0 to 4 years old. In the multivariate model, counties with the highest poverty concentration had >3 times the rate of child abuse fatalities compared with counties with the lowest poverty concentration (adjusted incidence rate ratio, 3.03; 95% confidence interval, 2.4–3.79).

CONCLUSIONS: Higher county poverty concentration is associated with increased rates of child abuse fatalities. This finding should inform public health officials in targeting high-risk areas for interventions and resources.

From the American Academy of Pediatrics

Detention of Immigrant Children

Julie M. Linton, Marsha Griffin, Alan J. Shapiro, COUNCIL ON COMMUNITY PEDIATRICS

Pediatrics May 2017, 139 (5) e20170483; DOI: 10.1542/peds.2017-0483

Abstract

Immigrant children seeking safe haven in the United States, whether arriving unaccompanied or in family units, face a complicated evaluation and legal process from the point of arrival through permanent resettlement in communities. The conditions in which children are detained and the support services that are available to them are of great concern to pediatricians and other advocates for children. In accordance with internationally accepted rights of the child, immigrant and refugee children should be treated with dignity and respect and should not be exposed to conditions that may harm or traumatize them. The Department of Homeland Security facilities do not meet the basic standards for the care of children in residential settings. The recommendations in this statement call for limited exposure of any child to current Department of Homeland Security facilities (ie, Customs and Border Protection and Immigration and Customs Enforcement facilities) and for longitudinal evaluation of the health consequences of detention of immigrant children in the United States. From the moment children are in the custody of the United States, they deserve health care that meets guideline-based standards, treatment that mitigates harm or traumatization, and services that support their health and well-being. This policy statement also provides specific recommendations regarding postrelease services once a child is released into communities across the country, including a coordinated system that facilitates access to a medical home and consistent access to education, child care, interpretation services, and legal services.

[See Week in Review above for more detail]

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State-of-the-Art Review Articles

Ethical Conduct of Research in Children: Pediatricians and Their IRB (Part 1 of 2)

Carlos D. Rose

Pediatrics May 2017, 139 (5) e20163648; DOI: 10.1542/peds.2016-3648

Abstract

As human experimentation continues to grow into an ever more complex and sophisticated endeavor, the relevant ethical and regulatory structures become more intricate. When pediatricians and general practitioners are invited by pharmaceutical companies to enroll their offices in a clinical trial or a multicenter observational study or when they develop their own research questions, they frequently find themselves at a loss in the human research environment. The legal and regulatory complexity may have an unintended deterring effect at a time when office-based high quality pediatric research is urgently needed to support evidence-based medicine. Unfortunately, in many instances, unaware practitioners become involved in low-risk research activities without knowing it and become entangled in legal, auditing, and compliance procedures. This paper, written in 2 parts, aims at providing a general guidance on the principles that regulate human research with a focus on pediatrics. Part 1 discusses the history, the legal framework, and the consent process and highlights some practical aspects of initial protocol submission, continued review, and institutional review board determinations with the main focus on multicenter clinical trials (industry-sponsored research). Part 2 focuses on pediatric research regulation, also known as subpart-D, and minimal risk research, which encompasses many research activities aimed at addressing questions that may emerge in pediatricians' practices (investigator-initiated research).

Special Articles

The Next 7 Great Achievements in Pediatric Research

Tina L. Cheng, Clifford W. Bogue, George J. Dover

Pediatrics May 2017, 139 (5) e20163803; DOI: 10.1542/peds.2016-3803

Abstract

The "7 Great Achievements in Pediatric Research" campaign noted discoveries in the past 40 years that have improved child and adult health in the United States and around the globe. This article predicts the next 7 great pediatric research advancements, including new immunizations, cancer immunotherapy, genomic discoveries, identification of early antecedents of adult health, impact of specific social–environmental influences on biology and health, quality improvement science, and implementation and dissemination research to reduce global poverty. It is an extraordinary time of new research tools that include electronic health records, technological ability to manage big data and measure "omics," and new functional and structural imaging modalities. These tools will discern mechanisms leading to health and disease with new prevention targets and cures. This article further discusses the challenges and opportunities to accelerate these exciting pediatric research discoveries to improve the lives of children and the adults they will become.

Improving Recruitment and Retention Rates in a Randomized Controlled Trial

Hadley S. Sauers-Ford, Jennifer M. Gold, Angela M. Statile, Heather L. Tubbs-Cooley, Jeffrey M. Simmons, Samir S. Shah, Kathleen Bell, Cory Pfefferman, Margo J. Moore, Katherine A. Auger, on behalf of the H2O Study Group

Pediatrics May 2017, 139 (5) e20162770; DOI: 10.1542/peds.2016-2770

Abstract

High recruitment and retention rates in randomized controlled trials are essential to ensure validity and broad generalizability. We used quality improvement methods, including run charts and intervention cycles, to achieve and sustain high recruitment and retention rates during the

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Hospital-To-Home Outcomes randomized controlled trial. This study is examining the effects of a single nurse-led home health care visit after discharge for an acute pediatric hospitalization. A total of 1500 participants were enrolled in the 15-month study period. For study recruitment, we assessed the percentage of patients who enrolled in the study among those randomly selected to approach (goal $\geq 50\%$) and the percentage of patients who refused to enroll from those randomly selected to approach (goal $\leq 30\%$). For intervention completion, we examined the percentage of patients who completed the home visit intervention among those randomized to receive the intervention (goal $\geq 95\%$) were examined. Follow-up rates were tracked as the percentage of patients who completed the 14-day follow-up telephone survey (goal $\geq 95\%$). The study goals for 2 of the 4 metrics were met and sustained, with statistically significant improvements over time in 3 metrics. The median enrollment rate increased from 50% to 59%, and the median refusal rate decreased from 37% to 32%. The median intervention completion rate remained unchanged at 88%. The 14-day follow-up completion median rate increased from 94% to 96%. These results indicate that quality improvement methods can be used within the scope of a large research study to achieve and sustain high recruitment and retention rates.

PharmacoEconomics

Volume 35, Issue 5, May 2017

<http://link.springer.com/journal/40273/35/5/page/1>

Original Research Article

The Potential Cost Effectiveness of Different Dengue Vaccination Programmes in Malaysia: A Value-Based Pricing Assessment Using Dynamic Transmission Mathematical Modelling

Asrul Akmal Shafie, Hui Yee Yeo, Laurent Coudeville, Lucas Steinberg...

Abstract

Background

Dengue disease poses a great economic burden in Malaysia.

Methods

This study evaluated the cost effectiveness and impact of dengue vaccination in Malaysia from both provider and societal perspectives using a dynamic transmission mathematical model. The model incorporated sensitivity analyses, Malaysia-specific data, evidence from recent phase III studies and pooled efficacy and long-term safety data to refine the estimates from previous published studies. Unit costs were valued in \$US, year 2013 values.

Results

Six vaccination programmes employing a three-dose schedule were identified as the most likely programmes to be implemented. In all programmes, vaccination produced positive benefits expressed as reductions in dengue cases, dengue-related deaths, life-years lost, disability-adjusted life-years and dengue treatment costs. Instead of incremental cost-effectiveness ratios (ICERs), we evaluated the cost effectiveness of the programmes by calculating the threshold prices for a highly cost-effective strategy [ICER $< 1 \times$ gross domestic product (GDP) per capita] and a cost-effective strategy (ICER between 1 and $3 \times$ GDP per capita). We found that vaccination may be cost effective up to a price of \$US32.39 for programme 6 (highly cost effective up to \$US14.15) and up to a price of \$US100.59 for programme 1 (highly cost effective up to \$US47.96) from the provider perspective. The cost-effectiveness analysis is sensitive to under-reporting, vaccine protection duration and model time horizon.

Conclusion

Routine vaccination for a population aged 13 years with a catch-up cohort aged 14–30 years in targeted hotspot areas appears to be the best-value strategy among those investigated.

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Dengue vaccination is a potentially good investment if the purchaser can negotiate a price at or below the cost-effective threshold price.

PLOS Currents: Disasters

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

[Accessed 6 May 2017]

[Risk Criteria in Hospital Site Selection: A Systematic Review](#)

May 1, 2017 · Review

Introduction: Hospitals should be safe and remain functional in emergencies and disasters as it is mentioned in the Sendai Framework. Proper selection of a hospital location has a direct effect on survival of affected population in disasters as well as cost and benefit of the hospital in non-emergency situation. Different studies applied different criteria for Hospital Site Selection (HSS). The present study through a systematic review aimed to find out a categorized criteria list that have been used for (HSS) in the literature.

Methods: In accordance with the PRISMA statement, "PubMed", "ScienceDirect", "Google Scholar", and "Scopus" were searched up to end of 2015. All English Articles that were published in peer-reviewed journals and had discussed site selection criteria for hospitals were included. Out of 41 articles, 15 met the inclusion criteria in which 39 general criteria for HSS were applied. These criteria were categorized in six main groups including cost, demand, environmental, administrative, disaster risk, and "other" concerns through a focus group discussion.

Results: Accordingly, the application percentage of cost, demand, environmental, administrative, disaster risk, and "other" concerns in the articles was 100, 93.3, 53.3, 33.3, 20.0, and 13.3 respectively. The least devoted attention was to disaster risk issues.

Discussion: Few researchers applied risk related criteria for HSS. Further consideration of "risk of hazards" and "burden of diseases" in comprehensive studies, is recommended for HSS to guide the decision makers for building more resilient hospitals.

PLoS Currents: Outbreaks

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

[Accessed 6 May 2017]

[Rapid Assessment Zika Virus Knowledge Among Clinical Specialists in Singapore: A Cross-sectional Survey](#)

May 3, 2017 · Research Article

Introduction: We report the results of a rapid assessment of Zika virus awareness among key clinical specialties in Singapore.

Methods: Between June 6 and June 19, 2016 we conducted an online survey of doctors working in obstetrics and gynaecology, neonatology and paediatrics in Singapore. The survey included 15 multiple choice questions to measure respondents' knowledge of Zika virus in four domains covering clinical and public health.

Results: A total of 110 survey responses (15% response rate) were obtained, 82% of respondents worked in the public sector. Overall, the median respondent score was 9.4 (Max score=15), with substantial variation (range: 3.5 – 14.7). Microcephaly and Guillain-Barré syndrome were recognised as causal complications of Zika virus infection by 99% and 50% of respondents respectively. Clinical features which could help differentiate Zika from Dengue were less well understood with 50% and 68% correctly identifying conjunctivitis and low grade fever respectively. Worryingly, 14% favoured non-steroidal anti-inflammatory drugs as part of treatment, without first excluding dengue as a diagnosis. Also, only 36% of respondents were

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aware of the current recommendation for preventing sexual transmission of Zika virus. Fewer than 50% were aware of the need for ophthalmological evaluation as part of congenital Zika virus infection.

Discussion: Our assessment demonstrates that there is good awareness of the clinical manifestation of Zika virus disease among key specialty doctors, but confusion with Dengue disease remains. It also highlights knowledge gaps in the prevention of sexually-transmitted Zika virus infection and the clinical management of congenital Zika virus infection in newborns. Our study identified strategic areas to improve communication to front-line doctors during public health response to the Zika epidemic.

PLOS Medicine

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

(Accessed 6 May 2017)

Perspective

Towards control of the global HIV epidemic: Addressing the middle-90 challenge in the UNAIDS 90–90–90 target

Collins Iwuj, Marie-Louise Newell

| published 02 May 2017 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1002293>

In 2016, just over 2 million people worldwide acquired HIV infection, mostly via heterosexual transmission and mostly in sub-Saharan Africa [1]. Antiretroviral treatment (ART) aims to suppress viral load to very low, or undetectable, levels, delaying HIV disease progression [2,3] and reducing the risk of onward transmission [4]. Following the 2015 WHO guidelines recommending ART for all HIV-positive people regardless of CD4 count, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued the 90–90–90 target, aiming by 2020 to have 90% of infected people knowing their HIV status, 90% of HIV-positive people initiated on ART, and 90% of people treated with ART virally suppressed [5], so as to achieve containment of the HIV epidemic.

We commend Richard Hayes and colleagues for their success in navigating the complex logistic challenges in implementing a large-scale universal testing and treatment (UTT) intervention in sub-Saharan Africa, as described in their accompanying research article in PLOS Medicine [6]. They report how close they were able to come to reaching the first two stages of the 90–90–90 target in four communities in Zambia after one year of implementing their PopART intervention (comprising home-based HIV testing by Community HIV care Providers [CHiPs] with support for linkage to care, adherence, and retention). Among those consenting to the intervention, 6,197 HIV-positive individuals not on ART (most of whom had never been in care) were referred to care, 42% of whom initiated ART within six months and 53% by 12 months. Extrapolating to the entire population, the estimated percentage of HIV-positive adults who knew their status increased from 52% to 78% (men) and from 56% to 87% (women); percentages of known HIV-positive people on ART increased from 54% to 74% (men) and from 53% to 73% (women). The overall estimated percentage of HIV-positive adults on ART was 61% after 1 y of intervention implementation, compared to the WHO/UNAIDS target of 81% (90% of 90%). We note that many process indicators in the study were based on self-report and, apparently, data from the CHiPs electronic capture system were not verified with clinic data. Further, in this setting, in which nearly 50% of all HIV-positive individuals were ART-naïve because they were newly diagnosed, it is likely that most of the 20% of people who migrated out of the area never linked to care or commenced ART. This 20% of people, no longer resident in the PopART communities, was not included in the denominator for the post-CHiPs evaluation at 12 months

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on linkage to care and ART initiation, which could have resulted in an overestimate of the change observed following the CHiPs intervention.

Hayes and colleagues' findings thus confirm the high acceptability of home-based HIV testing, and a less-than-optimal linkage to care, with initiation of ART rates suggesting that those who do link to care are willing to start ART; there is a substantial proportion of people identified as HIV positive who do not (yet) link to care, can therefore not be initiated on ART, and who may continue to transmit HIV. The Agence Nationale de Recherche sur le Sida et les hépatites virales (ANRS) 12249 Treatment as Prevention (TasP) trial, also evaluating a UTT intervention in rural South Africa, recently reported that 92% of HIV-positive individuals knew their status, 49% of those people initiated ART, and 93% achieved virological suppression on ART [7]. Higher rates of ART initiation were reported from Uganda and Kenya in the Sustainable East Africa Research in Community Health (SEARCH) trial, another UTT intervention study, with 97% of HIV-positive individuals knowing their status, 93% on ART, and 90% virologically suppressed at the end of year two [8]. Similarly, estimates from the Botswana Combination Prevention Project (BCPP) trial, a UTT intervention implemented in Botswana, reported that, overall, 70% of all HIV-positive individuals were virologically suppressed, close to the UNAIDS target of 73% (90% of 90% of 90%), with 83% of HIV-positive individuals diagnosed and 87% on ART, of whom 97% achieved virological suppression [9]. The different approaches to the estimation of percentages in the HIV care cascade in these trials hinder direct comparison of results; hence, we agree with Hayes and colleagues that approaches for estimating proportions of people at different stages in the HIV cascade need to be harmonised.

Hayes and colleagues report that it was challenging to find young men at home, again in line with experience elsewhere [10]. Slow linkage to care suggests that people will only attend facilities once they prioritise doing so, and this is especially pertinent before they are driven to do so by the development of HIV symptoms and signs. An earlier study in rural KwaZulu-Natal highlighted that linkage to care was significantly less likely in those who had never been in HIV care, students in education, and those further away from the clinic, while those who had positive experience of ART in friends or family were more likely to access the trial clinic [11]. Hayes and colleagues will address progress towards the third 90% target later in their trial, but evidence from other studies suggests that once people engage with ART care, they are likely to adhere, at least in the short term [7], and that early linkage to ART care is the main hurdle in the HIV care cascade.

The big question remains whether, in the global heterosexually-driven HIV epidemic, UTT will ultimately reduce HIV incidence to levels sufficient for containment. Findings from the ANRS 12249 TasP trial in South Africa showed little impact on HIV incidence [7], likely due to the slow linkage to care. Hayes and colleagues, although suggesting success of UTT in the first round of trial implementation, do not provide information about sustainability of either HIV test offer uptake or ART adherence, issues which may be especially important in settings with high migration movements.

Overall, these results would suggest that it is unlikely that the rather optimistic forecasts, based on statistical modelling [12], of an imminent end to the global HIV epidemic will be fulfilled. The current gloomy political environment, with uncertainty about the global will to continue to support the large-scale implementation of HIV treatment and care programmes worldwide [13], further adds to the already considerable challenges faced by public health programmes in many settings with a high HIV burden. Health care system requirements for a successful UTT programme are not negligible, even if a UTT approach is found to be cost-effective [14].

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Substantial resources are needed to further scale up ART for all HIV-positive adults, and allocation of limited resources will need to be optimised on the basis of evidence of efficacy. Given extensive resource constraints, there may come a time to consider whether public programmes will need to focus on providing optimal health care and support for those people who engage with care at public facilities and who have thus indicated that they have prioritised access to health care in their lives.

PLoS Neglected Tropical Diseases

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

(Accessed 6 May 2017)

Research Article

Safety and immunogenicity of the Na-GST-1 hookworm vaccine in Brazilian and American adults

David J. Diemert, Janaína Freire, Vanderson Valente, Carlos Geraldo Fraga, Frederico Talles, Shannon Grahek, Doreen Campbell, Amar Jariwala, Maria Victoria Periago, Martin Enk, Maria Flávia Gazzinelli, Maria Elena Bottazzi, Robert Hamilton, Jill Brelsford, Anna Yakovleva, Guangzhao Li, Jin Peng, Rodrigo Correa-Oliveira, Peter Hotez, Jeffrey Bethony

Research Article | published 02 May 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005574>

External quality assessment study for ebolavirus PCR-diagnostic promotes international preparedness during the 2014 – 2016 Ebola outbreak in West Africa

Heinz Ellerbrok, Sonja Jacobsen, Pranav Patel, Toni Rieger, Markus Eickmann, Stephan Becker, Stephan Günther, Dhamari Naidoo, Livia Schrick, Kathrin Keeren, Angelina Targosz, Anette Teichmann, Pierre Formenty, Matthias Niedrig

Research Article | published 01 May 2017 PLOS Neglected Tropical Diseases

<https://doi.org/10.1371/journal.pntd.0005570>

PLoS One

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

[Accessed 6 May 2017]

Research Article

Neutralizing misinformation through inoculation: Exposing misleading argumentation techniques reduces their influence

John Cook, Stephan Lewandowsky, Ullrich K. H. Ecker

Research Article | published 05 May 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0175799>

Abstract

Misinformation can undermine a well-functioning democracy. For example, public misconceptions about climate change can lead to lowered acceptance of the reality of climate change and lowered support for mitigation policies. This study experimentally explored the impact of misinformation about climate change and tested several pre-emptive interventions designed to reduce the influence of misinformation. We found that false-balance media coverage (giving contrarian views equal voice with climate scientists) lowered perceived consensus overall, although the effect was greater among free-market supporters. Likewise, misinformation that confuses people about the level of scientific agreement regarding anthropogenic global warming (AGW) had a polarizing effect, with free-market supporters reducing their acceptance of AGW and those with low free-market support increasing their

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acceptance of AGW. However, we found that inoculating messages that (1) explain the flawed argumentation technique used in the misinformation or that (2) highlight the scientific consensus on climate change were effective in neutralizing those adverse effects of misinformation. We recommend that climate communication messages should take into account ways in which scientific content can be distorted, and include pre-emptive inoculation messages.

Research Article

Intimate partner violence around the time of pregnancy and postpartum depression: The experience of women of Bangladesh

Md. Jahirul Islam, Lisa Broidy, Kathleen Baird, Paul Mazerolle

Research Article | published 04 May 2017 PLOS ONE

<https://doi.org/10.1371/journal.pone.0176211>

PLoS Pathogens

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

[Accessed 6 May 2017]

[No new digest content identified]

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

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

[Accessed 6 May 2017]

Physical Sciences - Applied Mathematics - Social Sciences - Social Sciences:

Optimal incentives for collective intelligence

Richard P. Mann and Dirk Helbing

PNAS 2017 ; published ahead of print May 1, 2017, doi:10.1073/pnas.1618722114

Significance

Diversity of information and expertise among group members has been identified as a crucial ingredient of collective intelligence. However, many factors tend to reduce the diversity of groups, such as herding, groupthink, and conformity. We show why the individual incentives in financial and prediction markets and the scientific community reduce diversity of information and how these incentives can be changed to improve the accuracy of collective forecasting. Our results, therefore, suggest ways to improve the poor performance of collective forecasting seen in recent political events and how to change career rewards to make scientific research more successful.

Abstract

Collective intelligence is the ability of a group to perform more effectively than any individual alone. Diversity among group members is a key condition for the emergence of collective intelligence, but maintaining diversity is challenging in the face of social pressure to imitate one's peers. Through an evolutionary game-theoretic model of collective prediction, we investigate the role that incentives may play in maintaining useful diversity. We show that market-based incentive systems produce herding effects, reduce information available to the group, and restrain collective intelligence. Therefore, we propose an incentive scheme that rewards accurate minority predictions and show that this produces optimal diversity and collective predictive accuracy. We conclude that real world systems should reward those who have shown accuracy when the majority opinion has been in error.

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Sustainability in an Urbanizing Planet Special Feature - Social Sciences - Sustainability Science - Physical Sciences - Sustainability Science:

Heterogeneity and scale of sustainable development in cities

Christa Brelsford, José Lobo, Joe Hand, and Luís M. A. Bettencourt

PNAS 2017 ; published ahead of print May 1, 2017, doi:10.1073/pnas.1606033114

Significance

Most nations worldwide have recently committed to solving their most severe challenges of sustainability by 2030, including eradicating extreme poverty and providing universal access to basic services. But how? Rapid urbanization is creating the conditions for widespread economic growth and human development, but its consequences are very uneven. We show how measures of sustainable development—identified by residents of poor neighborhoods—can be combined into a simple and intuitive index. Its analysis reveals that challenges of development are typically first addressed in large cities but that severe inequalities often result as patterns of spatially segregated rich and poor neighborhoods. A new systematic understanding of these processes is critical for devising policies that produce faster and more equitable universal sustainable development.

Abstract

Rapid worldwide urbanization is at once the main cause and, potentially, the main solution to global sustainable development challenges. The growth of cities is typically associated with increases in socioeconomic productivity, but it also creates strong inequalities. Despite a growing body of evidence characterizing these heterogeneities in developed urban areas, not much is known systematically about their most extreme forms in developing cities and their consequences for sustainability. Here, we characterize the general patterns of income and access to services in a large number of developing cities, with an emphasis on an extensive, high-resolution analysis of the urban areas of Brazil and South Africa. We use detailed census data to construct sustainable development indices in hundreds of thousands of neighborhoods and show that their statistics are scale-dependent and point to the critical role of large cities in creating higher average incomes and greater access to services within their national context. We then quantify the general statistical trajectory toward universal basic service provision at different scales to show that it is characterized by varying levels of inequality, with initial increases in access being typically accompanied by growing disparities over characteristic spatial scales. These results demonstrate how extensions of these methods to other goals and data can be used over time and space to produce a simple but general quantitative assessment of progress toward internationally agreed sustainable development goals.

Biological Sciences - Ecology:

Effects of habitat disturbance on tropical forest biodiversity

John Alroy

PNAS 2017 ; published ahead of print May 1, 2017, doi:10.1073/pnas.1611855114

Significance

Biologists believe that a major mass extinction is happening in the tropics. Destruction of forests is a key reason. However, there are no solid predictions of the percentage of species that will go extinct as more and more forests are disturbed. This paper provides estimates based on extrapolating the respective numbers of species in disturbed and undisturbed habitats. It uses a large global database of species inventories at particular sites. Trees and 10 groups of animals are analyzed. All the disturbed habitats put together include 41% fewer species than the undisturbed forests. This proportion varies among groups but is always substantial. Furthermore, disturbed local communities are dominated by widespread species such as rats and electric ants.

Abstract

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It is widely expected that habitat destruction in the tropics will cause a mass extinction in coming years, but the potential magnitude of the loss is unclear. Existing literature has focused on estimating global extinction rates indirectly or on quantifying effects only at local and regional scales. This paper directly predicts global losses in 11 groups of organisms that would ensue from disturbance of all remaining tropical forest habitats. The results are based on applying a highly accurate method of estimating species richness to 875 ecological samples. About 41% of the tree and animal species in this dataset are absent from disturbed habitats, even though most samples do still represent forests of some kind. The individual figures are 30% for trees and 8–65% for 10 animal groups. Local communities are more robust to disturbance because losses are partially balanced out by gains resulting from homogenization.

Prehospital & Disaster Medicine

Volume 32 - Issue 2 - April 2017

<https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue>

[Reviewed earlier]

Preventive Medicine

Volume 98, Pages 1-44 (May 2017)

<http://www.sciencedirect.com/science/journal/00917435/98>

Special Issue: Emerging Paradigms in Cervical Cancer Screening

Edited by Mark Schiffman

Cervical cancer screening in women vaccinated against human papillomavirus infection: Recommendations from a consensus conference

Original Research Article

Pages 21-30

Paolo Giorgi Rossi, Francesca Carozzi, Antonio Federici, Guglielmo Ronco, Marco Zappa, Silvia Franceschi, The Italian Screening in HPV vaccinated girls Consensus Conference group

Abstract

In Italy, the cohorts of women who were offered Human papillomavirus (HPV) vaccination in 2007/08 will reach the age (25 years) for cervical cancer (CC) screening from 2017. The simultaneous shift from cytology-based screening to HPV test-based screening gives the opportunity for unprecedented reorganisation of CC prevention. The ONS (National Screening Monitoring Centre) Directive and the GISCi (Italian Group for Cervical Screening) identified the consensus conference as the most suitable method for addressing this topic. A summary of consensus recommendations is reported here. The main objective was to define the best screening methods in girls vaccinated against HPV and the knowledge required for defining evidence-based screening strategies. A Jury made recommendations about questions and proposals formulated by a panel of experts representative of Italian scientific societies involved in CC prevention and based on systematic reviews of literature and evidence. The Jury considered changing the screening protocols for girls vaccinated in their twelfth year as appropriate. Tailored screening protocols based on vaccination status could be replaced by "one size fits all" protocols only when a herd immunity effect has been reached. Vaccinated women should start screening at age 30, instead of 25, with HPV test. Furthermore, there is a strong rationale for applying longer intervals for re-screening HPV negative women than the currently recommended 5 years, but research is needed to determine the optimal screening time points. For non-vaccinated women and for women vaccinated in their fifteenth year or later, the current protocol should be kept.

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Considerations for HPV primary screening in lower-middle income countries

Original Research Article

Pages 39-41

Mauricio Maza, Julia C. Gage

Abstract

The accumulated scientific evidence now provides ample support for HPV primary screening as a superior method for detecting cervical precancer and preventing cervical cancer. Approximately half of the global burden of cervical cancer could be reduced in lower-middle income countries where attempts to implement traditional cytology-based programs have not experienced successes. In these countries screening programs have struggled with poor screening and diagnostic test sensitivity, difficulties maintaining quality control and adequate population coverage. HPV testing is not only more accurate and reliable, but also requires less training, quality assurance and expensive personnel. Because these countries are especially vulnerable to economic, political and societal instabilities, HPV tests must become more affordable and accessible in order to enable Ministries of Health to make long-term resource commitments.

The time is now to implement HPV testing for primary screening in low resource settings

Original Research Article

Pages 42-44

Louise Kuhn, Lynette Denny

Abstract

Unacceptable disparities in cervical cancer between richer and poorer countries persist and serve as reminders of gross disparities in access to and quality of screening services. HPV testing is well-suited to address some of the barriers to implementing adequate screening programs in low resource settings. HPV testing has considerably better sensitivity than cytology providing the same extent of safety with fewer rounds of screening. New robust HPV testing platforms require little to no skill by laboratory workers and some can be used at the point-of-care. This allows for a round of screening to be accomplished in one or two visits, reducing costs and the inevitable attrition that occurs when women need to be recalled to obtain their results. HPV testing is ideal for incorporating into the new "screen-and-treat" approaches designed to overcome limitations of conventional, multi-visit, colposcopy-based approaches to screening. Visual inspection with acetic acid (VIA) is the screening test that has been used most widely in screen-and-treat programs to date but the performance characteristics of this test are poor. HPV-based screen-and-treat is more effective in reducing disease in the population and reduces over-treatment intrinsic to this approach. HPV testing can be adapted or combined with other molecular tests to improve treatment algorithms. Infrastructure established to support VIA-based screen-and-treat can effectively incorporate HPV testing. We are poised at a critical juncture in public health history to implement HPV testing as part of primary screening and thereby improve women's health in low resource settings.

Proceedings of the Royal Society B

12 April 2017; volume 284, issue 1852

<http://rsob.royalsocietypublishing.org/content/284/1852?current-issue=y>

[Reviewed earlier]

Public Health Ethics

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Volume 10, Issue 1 April 2017

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

Original Articles

Research Ethics Governance in Times of Ebola

Doris Schopper; Raffaella Ravinetto; Lisa Schwartz; Eunice Kamaara; Sunita Sheel ...

Abstract

The Médecins Sans Frontières (MSF) ethics review board (ERB) has been solicited in an unprecedented way to provide advice and review research protocols in an 'emergency' mode during the recent Ebola epidemic. Twenty-seven Ebola-related study protocols were reviewed between March 2014 and August 2015, ranging from epidemiological research, to behavioural research, infectivity studies and clinical trials with investigational products at (very) early development stages. This article examines the MSF ERB's experience addressing issues related to both the process of review and substantive ethical issues in this context. These topics include lack of policies regarding blood sample collection and use, and engaging communities regarding their storage and future use; exclusion of pregnant women from clinical and vaccine trials; and the difficulty of implementing timely and high-quality qualitative/anthropological research to consider potential upfront harms. Having noticed different standards across ethics committees (ECs), we propose that when multiple ethics reviews of clinical and vaccine trials are carried out during a public health emergency they should be accompanied by transparent communication between the ECs involved. The MSF ERB experience should trigger a broader discussion on the 'optimal' ethics review in an emergency outbreak and what enduring structural changes are needed to improve the ethics review process.

Public Health Reports

Volume 132, Issue 3, May/June 2017

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

Reports and Recommendations

Overcoming Barriers and Identifying Opportunities for Developing Maternal Immunizations: Recommendations From the National Vaccine Advisory Committee

Approved by the National Vaccine Advisory Committee on September 20, 2016

First Published April 5, 2017; pp. 271–284

Qualitative Health Research

Volume 27, Issue 6, May 2017

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

Special Issue: Phenomenology/Qualitative Evaluation

Qualitative Evaluation

Ethical and Safety Issues in Doing Sex Work Research: Reflections From a Field-Based Ethnographic Study in Kolkata, India

Sunny Sinha

First Published September 19, 2016; pp. 893–908

Abstract

While much has been said about the risks and safety issues experienced by female sex workers in India, there is a considerable dearth of information about the difficulties and problems that sex work researchers, especially female researchers, experience when navigating the highly political, ideological, and stigmatized environment of the Indian sex industry. As noted by scholars, there are several methodological and ethical issues involved with sex work research, such as privacy and confidentiality of the participants, representativeness of the sample, and

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informed consent. Yet, there has been reluctance among scholars to comment on their research process, especially with regard to how they deal with the protocols for research ethics when conducting social and behavioral epidemiological studies among female sex workers in India and elsewhere. Drawing on my 7 months of field-based ethnographic research with “flying” or non-brothel-based female sex workers in Kolkata, India, I provide in this article a reflexive account of the problems encountered in implementing the research process, particularly the ethical and safety issues involved in gaining access and acceptance into the sex industry and establishing contact and rapport with the participants. In doing so, it is my hope that future researchers can develop the knowledge necessary for the design of ethical and non-exploitative research projects with sex workers.

Qualitative Evaluation

The Challenges of Participant Photography: A Critical Reflection on Methodology and Ethics in Two Cultural Contexts

Linda Murray, Meredith Nash

First Published September 14, 2016; pp. 923–937

Abstract

Photovoice and photo-elicitation are two common methods of participant photography used in health research. Although participatory photography has many benefits, this critical reflection provides fellow researchers with insights into the methodological and ethical challenges faced when using such methods. In this article, we critically reflect on two studies that used participatory photography in different cultural contexts. The first study used photo-elicitation to investigate mothers’ experiences of infant settling in central Vietnam. The second study used photovoice to explore pregnant embodiment in Australia. Following a discussion of the literature and a detailed overview of the two studies, we examine the methodological challenges in using participant photography before, during and after each study. This is followed by a discussion of ethical concerns that arose in relation to the burden of participation, confidentiality, consent, and the photographing of families and children. To conclude, we highlight implications for using participatory photography in other settings.

Refugee Survey Quarterly

Volume 36, Issue 1 March 2017

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

Special Issue: "Undesirable and Unreturnable" Aliens in Asylum and Immigration Law

[Reviewed earlier]

Reproductive Health

<http://www.reproductive-health-journal.com/content>

[Accessed 6 May 2017]

[No new digest content identified]

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

http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101

Recently Published Articles -

[No new digest content identified]

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Risk Analysis

March 2017 Volume 37, Issue 3 Pages 399–597

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-3/issuetoc>

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 10, 2017

<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>

[No new digest content identified]

Science

05 May 2017 Vol 356, Issue 6337

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

Editorial

Moving forward after the march

Rush D. Holt

Science 05 May 2017:

Vol. 356, Issue 6337, pp. 467

DOI: 10.1126/science.aan5596

Summary

On 22 April, many thousands of people took part in demonstrations, teach-ins, museum open houses, and science festivals in hundreds of places around the world—an unparalleled show of support for science. Some journalists have tried to portray the march as yet another political demonstration against President Trump and Congress. Yet, neither appeared to be the target for most marchers—not in the United States and even less so around the world. That the March for Science saw the scientific community and the wider public come together in unprecedented numbers signaled that the day was not just a protest by scientists with concerns about their funding or job security. The multitude of T-shirt slogans, placards, and impassioned remarks by marchers and speakers of all ages, backgrounds, and professions spoke volumes—something serious was going on.

In Depth

Congress trumps president in backing science

By Jeffrey Mervis, Science News Staff

Science 05 May 2017 : 470-471 Restricted Access

Legislators ignore Trump's call for cuts and give NIH, NASA research big increases

Summary

A new U.S. budget deal makes it clear that scientists have enough friends in Congress to counter the chill from the White House—at least for now. This week, lawmakers were expected to approve a spending plan for the 2017 fiscal year, which ends on 30 September. The deal they voted on contains a lot more good news than the two budget requests that President Donald Trump so far has sent to Congress. The National Institutes of Health (NIH) and NASA's science programs are the biggest winners in a 1665-page document that closes a tumultuous budget year and staves off a government shutdown. NIH was in line for a 6.2% boost, to \$34 billion, whereas NASA's science missions received a hike of 3.1%, to \$5.76 billion. The rest of

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the big four federal research programs—the Office of Science at the Department of Energy and the National Science Foundation—trail those leaders but still grow modestly.

Policy Forum

Unmask temporal trade-offs in climate policy debates

By Ilissa B. Ocko, Steven P. Hamburg, Daniel J. Jacob, David W. Keith, Nathaniel O. Keohane, Michael Oppenheimer, Joseph D. Roy-Mayhew, Daniel P. Schrag, Stephen W. Pacala
Science 05 May 2017 : 492-493 Restricted Access

Both 20- and 100-year time scales should always be reported

Summary

Global warming potentials (GWPs) have become an essential element of climate policy and are built into legal structures that regulate greenhouse gas emissions. This is in spite of a well-known shortcoming: GWP hides trade-offs between short- and long-term policy objectives inside a single time scale of 100 or 20 years (1). The most common form, GWP100, focuses on the climate impact of a pulse emission over 100 years, diluting near-term effects and misleadingly implying that short-lived climate pollutants exert forcings in the long-term, long after they are removed from the atmosphere (2). Meanwhile, GWP20 ignores climate effects after 20 years. We propose that these time scales be ubiquitously reported as an inseparable pair, much like systolic-diastolic blood pressure and city-highway vehicle fuel economy, to make the climate effect of using one or the other time scale explicit. Policy-makers often treat a GWP as a value-neutral measure, but the time-scale choice is central to achieving specific objectives (2–4).

Perspectives

Beyond Hamilton's rule

By Harold P. de Vladar, Eörs Szathmáry
Science 05 May 2017 : 485-486 Restricted Access

A broader view of how relatedness affects the evolution of altruism is emerging

Summary

Why do worker bees give up their own reproduction in favor of other offspring of the queen? Does this make sense from a Darwinian point of view, which prescribes maximization of reproductive success? Ever since Darwin, evolutionary biologists have time and again revisited this problem of how social behavior evolved. There must be some benefit to the donor in terms of fitness, otherwise the trait would vanish. However, how to evaluate this fitness benefit remains controversial because confusion about which models to use abounds.

Social Science & Medicine

Volume 179, Pages 1-218 (April 2017)

<http://www.sciencedirect.com/science/journal/02779536/179>

Original Research Article

Growth recovery and faltering through early adolescence in low- and middle-income countries: Determinants and implications for cognitive development

Pages 81-90

Andreas Georgiadis, Liza Benny, Le Thuc Duc, Sheikh Galab, Prudhvikar Reddy, Tassew Woldehanna

Abstract

Child chronic undernutrition, as measured by stunting, is prevalent in low- and middle-income countries and is among the major threats to child development. While stunting and its implications for cognitive development have been considered irreversible beyond early

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childhood there is a lack of consensus in the literature on this, as there is some evidence of recovery from stunting and that this recovery may be associated with improvements in cognition. Less is known however, about the drivers of growth recovery and the aspects of recovery linked to cognitive development. In this paper we investigate the factors associated with growth recovery and faltering through age 12 years and the implications of the incidence, timing, and persistence of post-infancy recovery from stunting for cognitive development using longitudinal data from Ethiopia, India, Peru, and Vietnam. We find that the factors most systematically associated with accelerated growth both before and after early childhood and across countries include mother's height, household living standards and shocks, community wages, food prices, and garbage collection. Our results suggest that post-infancy recovery from stunting is more likely to be systematically associated with higher achievement scores across countries when it is persistent and that associations between growth trajectories and cognitive achievement in middle childhood do not persist through early adolescence across countries. Overall, our findings indicate that growth after early childhood is responsive to changes in the household and community environments and that growth promotion after early childhood may yield improvements in child cognitive development.

Stability: International Journal of Security & Development

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

[accessed 6 May 2017]

[No new digest content identified]

Stanford Social Innovation Review

Winter 2017 Volume 15, Number 1

https://ssir.org/issue/winter_2017

Laws and programs designed to benefit vulnerable groups, such as the disabled or people of color, often end up benefiting all of society. From affirmative action to wheelchair friendly sidewalks, examples all around us show that investing in equity isn't a zero-sum game. That's the message of the cover story in the winter 2017 issue of Stanford Social Innovation Review, "[The Curb-Cut Effect](#)," by Angela Glover Blackwell.

[Reviewed earlier]

Sustainability

Volume 9, Issue 4 (April 2017)

<http://www.mdpi.com/2071-1050/9/4>

[Reviewed earlier]

Torture Journal

Volume 27 - Issue No. 1

<http://www.irct.org/publications/torture-journal/128>

[Reviewed earlier]

Trauma, Violence, & Abuse

Volume 18, Issue 2, April 2017

<http://journals.sagepub.com/toc/tvaa/current>

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[Reviewed earlier]

Travel Medicine and Infectious Diseases

March-April, 2017 - Volume 16

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

[Reviewed earlier]

Tropical Medicine & International Health

May 2017 Volume 22, Issue 5 Pages 513–654

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-5/issuetoc>

Editorial

[Can infant vaccination prevent pneumococcal meningitis outbreaks in sub-Saharan Africa? \(pages 514–515\)](#)

James M. Stuart

Version of Record online: 29 MAR 2017 | DOI: 10.1111/tmi.12860

The WHO Strategic Advisory Group of Experts is reviewing the technical evidence to inform policy on optimal use of infant pneumococcal conjugate vaccines (PCV) [1]. Since 2010, multivalent vaccines (PCV-10, PCV-13) have been successfully introduced with the support of Gavi, the Vaccine Alliance into infant immunisation programmes across the developing world [2]. One recommended schedule consists of three doses under the age of 6 months (3 + 0), with the aim of providing maximum protection to infants, the age group at highest risk of pneumococcal disease [3]. An alternative schedule consists of two vaccine doses under the age of 6 months with a booster at 9–15 months (2 + 1). This schedule may have more impact on reducing carriage and transmission of vaccine serotypes to unvaccinated individuals, leading to indirect or herd protection. The question around the most cost-effective policy to achieve both direct and indirect protection has particular importance for the meningitis belt of sub-Saharan Africa.

The launch of mass campaigns with a serogroup A conjugate vaccine (MenAfriVacR) across the meningitis belt in 2010 saw a dramatic fall in the incidence of meningitis due to serogroup A, while meningitis due to other meningococcal serogroups and *Streptococcus pneumoniae* has become more prominent [4]. Recent publications from the meningitis belt emphasise the continuing burden of pneumococcal meningitis among older children and adults in this region. In Ghana, a large outbreak occurred in 2016 with close to 900 suspected cases and 104 cases confirmed as due to *S. pneumoniae*, mainly serotype 1, with a median age of 20 years, in part of the country adjoining the meningitis belt [5]. In Burkina Faso from 2011 to 13, 1528 (53%) of 2858 cases of laboratory confirmed bacterial meningitis was due to *S. pneumoniae*, also mainly serotype 1 [6]. The proportion of cases aged over 5 years was 95% in Ghana and 69% in Burkina Faso. PCV programmes that started in 2013 in Ghana likely protected young children in the 2016 outbreak, whereas the Burkina Faso data were taken from the years preceding PCV vaccination.

Bacterial meningitis due to *S. pneumoniae* has a remarkably high case fatality ratios in sub-Saharan Africa [7] and causes much disability in survivors [8]. A systematic review of paediatric meningitis in children in Africa found among cases of confirmed pneumococcal meningitis that the median in-hospital case fatality ratio was 35% and that 25% of survivors had in-hospital sequelae, these figures being 9× and 4× higher respectively than those for meningococcal meningitis [8]. Incidence of pneumococcal meningitis is particularly high in the meningitis belt,

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with a similar seasonality to meningococcal meningitis, consistent with similar predisposing environmental factors [7, 9]. Reducing the burden of pneumococcal meningitis in these countries should be given high public health priority.

For outbreak control, pneumococcal vaccines could potentially be given to children and adults in reactive mass campaigns, a similar strategy to that using meningococcal vaccines for controlling outbreaks of meningococcal meningitis [10]. However, reactive vaccination for meningococcal meningitis is resource intensive and relatively ineffective unless undertaken promptly [11, 12], and effectiveness of such a policy in controlling outbreaks of pneumococcal meningitis is not known [13]. Preventive vaccination offers more hope. Even though serotype 1 is rarely found in carriage isolates, evidence of indirect protection against serotype 1 was found in South Africa after introduction of a 2 + 1 PCV-13 infant vaccination schedule [14].

How best can we achieve indirect protection of older age groups at high risk of pneumococcal meningitis in the meningitis belt? Inclusion of a booster dose may be more important for some serotypes, including serotype 1 [15], and extended vaccination among children up to the age of 5 years, in whom carriage prevalence is highest in sub-Saharan Africa [16], may increase effectiveness [2, 17]. A 3 + 0 schedule supplemented by a catch-up campaign to the age of 5 years in Kenya reduced carriage of vaccine serotypes in vaccinated and unvaccinated age groups [18]. In contrast, a study from the Gambia showed no evidence as yet of a reduction in serotype 1 disease in persons aged >5 years after introducing a 3 + 0 PCV-13 schedule without catch-up in 2011 [19], and the pneumococcal meningitis outbreak this year in Ghana occurred despite the prior introduction of a 3 + 0 schedule with high coverage in the two previous years. Most countries of the meningitis belt have introduced a 3 + 0 schedule. Switching to a 2 + 1 schedule with a single dose catch-up in children up to 5 years of age could extend individual protection, lead to a higher level of indirect protection and lower the risk of outbreaks from this devastating disease.

Original Article

Mobile phone-based interactive voice response as a tool for improving access to healthcare in remote areas in Ghana – an evaluation of user experiences (pages 622–630)

J. Brinkel, J. May, R. Krumkamp, M. Lamshöft, B. Kreuels, E. Owusu-Dabo, A. Mohammed, A. Bonacic Marinovic, P. Dako-Gyeke, A. Krämer and J. N. Fobil

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Abstract

Objectives

To investigate and determine the factors that enhanced or constituted barriers to the acceptance of an mHealth system which was piloted in Asante-Akim North District of Ghana to support healthcare of children.

Methods

Four semi-structured focus group discussions were conducted with a total of 37 mothers. Participants were selected from a study population of mothers who subscribed to a pilot mHealth system which used an interactive voice response (IVR) for its operations. Data were evaluated using qualitative content analysis methods. In addition, a short quantitative questionnaire assessed system's usability (SUS).

Results

Results revealed 10 categories of factors that facilitated user acceptance of the IVR system including quality-of-care experience, health education and empowerment of women. The eight categories of factors identified as barriers to user acceptance included the lack of human

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interaction, lack of update and training on the electronic advices provided and lack of social integration of the system into the community. The usability (SUS median: 79.3; range: 65–97.5) of the system was rated acceptable.

Conclusions

The principles of the tested mHealth system could be of interest during infectious disease outbreaks, such as Ebola or Lassa fever, when there might be a special need for disease-specific health information within populations.

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Human Rights

This issue assesses progress in promoting and protecting human rights throughout the world. Prepared in recognition of the fiftieth anniversary of the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, both adopted in 1966, the articles examine, among other things, the responsibility of the United Nations to protect vulnerable populations from genocide, the evolving role of the Human Rights Council, the global problem of digital bullying, and advancing the rights of women in the aftermath of the Arab Spring.

Vulnerable Children and Youth Studies

An International Interdisciplinary Journal for Research, Policy and Care

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

[Reviewed earlier]

World Heritage Review

n°82 - December 2016

<http://whc.unesco.org/en/review/82/>

African Heritage and its sustainable development

In this issue, we are pleased to focus on the heritage of Africa and its sustainable development. The diversity and wealth of African heritage is extraordinary, from its large-scale ecosystems to modern architecture; from the memory of slavery and colonial heritage to cultural landscapes and sacred sites.

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