

BIBLIOGRAPHY OF MATERIAL, DATED AFTER JUNE 2000, ON REPRODUCTIVE HEALTH ISSUES CONCERNING POPULATIONS AFFECTED BY ARMED CONFLICT.

Prepared by Susan Purdin <sjp98@columbia.edu>, September 2002, for the Interagency Working Group on Reproductive Health in Refugee Situations. This list is surely incomplete. Anyone with relevant material is encouraged to send me citations.

New additions – as of September 2002

(The previous edition was distributed in June 2002 and follows this section.)

Citation revised: Bartlett L., Jamieson D., Tila K., Sultana M., Wilson H., Duerr A. **Maternal Mortality among Afghan refugees in Pakistan, 1999-2000.** Lancet: vol.359, pp 639-43.

Citation revised: Hynes M, Sheik M, Wilson HG, Spiegel P, **Reproductive health indicators and outcomes among refugee and internally displaced persons in post-emergency phase camps.** JAMA, Vol 288, August 7, 2002, pp 295-603.

<http://jama.ama-assn.org/issues/v288n5/rpdf/joc11913.pdf>

Citation revised: Women's Commission for Refugee Women and Children and the Interagency Working Group on Reproductive Health in Refugee Situations. **Refugees and AIDS: What should the humanitarian community do?** 2002.

Citation revised: Women's Commission for Refugee Women and Children and UNHCR. **Work with Young Refugees to Ensure Their Reproductive Health and Well-being: It's Their Right and Our Duty,** 2002.

Abrahams, B. & Hajjiannis, H. **A baseline study to determine levels of knowledge, attitudes and practices in relation to reproductive health among male and female refugees aged between 10 and 24 years, living in Gauteng Province, South Africa.** Research report commissioned by the United Nations High Commissioner for Refugees (UNHCR), October 2001. <http://www.csvr.org.za/papers/papunhcr.htm>

Donati, S, Et al. **Family Planning KAP Survey in Gaza.** Social Science and Medicine 50:841-49 (2000).

Sandra Krause, Mary Otieno and Connie Lee. **Reproductive Health for Refugees.** The Lancet, Supplement Vol 360, December 2002. forthcoming.

McGready, R, et al. **Postpartum thiamine deficiency in a Karen displaced population.** American Journal of Clinical Nutrition 74: 808-813. (2001).

Mbombo, L and C Bayolo, **Women's Rights Violations During the Conflict in the Democratic Republic of the Congo From August 2, 1998 to September 30, 2001.** International Centre for Human Rights and Democratic Development. <http://www.ichrdd.ca/frame.iphtml?langue=0>

Human Rights Watch, **The War within the War: Sexual Violence against Women and girls in Eastern Congo**. June 2002. <http://hrw.org/reports/2002/drc/>

Amowitz, L, et al, **Prevalence of war-related sexual violence and other human rights abuses among internally displaced persons in Sierra Leone** JAMA 287(4): 513-21, 2002.

Goodyear L, Hynes M. **Integrating Reproductive Health into Emergency Response Assessments and Primary Health Care Programs**. Journal of Prehospital and Disaster Medicine, Volume 16, Number 4, April 2002.

Victor Agadjanian and Ndola Prata. **War, peace, and fertility in Angola**. Demography 39(2): 215-231 (2002).

UNFPA **The trajectory of life as internally displaced persons in Angola**, Luanda, March 2002.

Leus X, Wallace J, Loretta A. **Internally displaced persons**. Journal of Prehospital and Disaster Medicine. 2001 Jul-Sep;16(3):116-23.

Heymann M. **Reproductive health promotion in Kosovo**. J Midwifery Women's Health. 2001 Mar-Apr;46(2):74-81.

Hargreaves S. **Call for increased commitment to promote reproductive health of refugees**. Lancet. 2000 Dec 2;356(9245):1910.

Sadik N. **Progress in protecting reproductive rights and promoting reproductive health: five years since Cairo**. Health Hum Rights. 2000;4(2):7-15

Women's Commission for Refugee Women and Children. **Refugee and Internally Displaced Women Advocating for Accountability Through the Beijing Platform for Action, BEIJING PLUS 5**, June 2000.

Posner SF, Kerimova J, Schmidt J, Hillis S, Lewis J, Duerr A. (2002). **Differences in Welfare and Access to Care Among Internally Displaced and Local Women: Seven Years After Relocation in Azerbaijan**. Journal of Refugee Studies. (In Press).

Anita Häusermann Fábos, **Embodying Transition: FGC, Displacement, and Gender-making for Sudanese in Cairo**. Feminist Review, Volume 69, Number 1 (November 1, 2001); pp.90-110.

Steven H Miles and John Song, **Behavioural assessment for HIV prevention: a model programme design**. International Journal of STD & AIDS 2001; 12: 710-716.

Reproductive Health for Refugees Consortium. **Working Together To Improve Refugee Reproductive Health: The Reproductive Health for Refugees Consortium.** http://www.developmentgateway.org/download/140057/Portal_Feature_on_RHRC.pdf

UNHCR. **How To Guide 8: Sexual and Gender Violence Programme in Liberia**, 1 Jan 2001.

UNHCR. **How To Guide 6: Monitoring and Evaluation of Sexual and Gender Violence Programming**, 1 Apr 2000.

UNHCR. **Health, Food and Nutrition ToolKit**, CD ROM, Sep 2001.

Issues in Perspective: special section of *International Family Planning Perspectives*, Vol 26, No 4, December 2000.

Kate Burns, et al. "Why Refugees Need Reproductive Health Services", pp 161&192.

Laurel Schreck. "Turning Point: A Special Report on the Refugee Reproductive Health Field", pp 162-166.

Francoise Girard and Wilhelmina Waldman. "Ensuring the Reproductive Rights of Refugees and Internally Displaced Persons: Legal and Policy Issues", pp167-173.

Therese McGinn. "Reproductive Health of War-Affected Populations: What Do We Know?", pp174-180.

Sandra Krause, et al. "Programmatic Responses to Refugees' Reproductive Health Needs", pp 181-187.

Virginia Morrison, "Contraceptive Need Among Cambodian Refugees In Khao Phlu Camp", pp 188-192.

END OF NEW ENTRIES

NOTE: THE FOLLOWING ENTRIES WERE INCLUDED IN THE ORIGINAL VERSION OF THIS BIBLIOGRAPHY, COMPILED IN JUNE 2002.

Human Rights Watch. ***Kosovo: Rape as a Weapon of "Ethnic Cleansing"***. New York: Human Rights Watch (2000). (Available online at www.hrw.org/reports/2000/fry.) Based on testimony collected in hundreds of interviews, this report documents the systematic use of rape to terrorize the civilian population during the conflict in Kosovo. After discussing the consequences of the conflict for Kosovar Albanian women and the national and international response, the report makes specific recommendations to help the victims of these war crimes pursue justice and receive psychological and economic assistance.

Hynes, M. and Cardozo, B.L. **Sexual violence against refugee women.** *Journal of Women's Health & Gender-Based Medicine* 9(8):819-823 (2000).

The authors review what is known about the circumstances, prevalence, and health

consequences of sexual violence against displaced and refugee women, and they conclude that the research community must do more to help address it. Further research is needed on domestic violence against refugee women, the mental health consequences of violence, standardized methods to measure its prevalence, and appropriate interventions. Research underway at the Centers for Disease Control is presented, including a 1999 population-based survey of 1,358 displaced Kosovar Albanian women. Among these women, the prevalence of rape was 4.3 percent and of post-traumatic stress disorder 19.7 percent, but there was no association PTSD and rape alone.

Kagwanja, P.M. **Ethnicity, gender, and violence in Kenya.** *Forced Migration Review* 9 (December 2000). (Available online at www.fmreview.org/fmr097.htm.)

This article examines how Kenya used ethnicity as a criterion to determine refugee status and treatment, how this discriminatory policy influenced the administration of refugee affairs by relief agencies, and how it encouraged sexual violence against refugee women from certain ethnic groups, including Somalis. The author concludes that long-standing discrimination against Somalis in Kenya contributed to sexual violence against refugees, as did the patriarchal culture in the camps. Policies to guarantee the safety and rights of women refugees must take into account underlying ethnic or racial discrimination.

Martin, V. and Edgerton, A. **Protection and support of women's rights defenders lacking in Tanzania refugee camps.** *Refugees International Bulletin* (August 13, 2001). (Available online at www.refintl.org/cgi-bin/ri/bulletin?bc=00315).

A field mission to refugee camps in Tanzania found that staff members working for sexual and gender-based violence programs frequently receive death threats and are physically attacked. In many camps, staff members also receive little on-the-ground support, including training and protection. The authors conclude that staff and supervisors' lack of understanding of domestic violence, coupled with inadequate protection of staff, indicates minimal commitment and support by UNHCR and their partner NGOs to ending gender-based violence and promoting the status of women.

Shanks, L. et al. **Responding to rape.** *Lancet* 357(9252):304 (2001). (Available online at <http://pdf.thelancet.com/pdfdownload?uid=llan.357.9252.news.14982.1&x=x.pdf>.)

Rape is a highly effective and frequently used means of terrorizing communities in wartime, and international legal efforts have yet to offer women protection from it. Rape is also poorly addressed by humanitarian agencies, in part because women are reluctant to report it. A complete response includes a full history of the event, a physical examination, antibiotic prophylaxis, HIV prophylaxis, emergency contraception and abortion if needed, reconstructive surgery, forensic examination, and mental-health support.

Steinitz, M. **The role of international law in the struggle against sex-based and gender-based violence against refugee women.** *The International Rescue Committee and Refugee Reproductive Health Consortium* (March 2001). (Available online at www.rhrc.org).

Planners and staff members of programs fighting gender-based violence in refugee settings will find this overview of concepts, precedents, and legal organizations useful.

United Nations High Commissioner for Refugees (UNHCR). **Prevention and Response to Sexual and Gender-based Violence in Refugee Situations.** Proceedings of the Inter-Agency Lessons Learned Conference, Geneva (March 27-29, 2001). (Available online at www.unhcr.ch/cgi-bin/texis/vtx/home/+swwBmeOYnR_wwwGwwwwwwhFqA72ZR0gRfZNtFqr72ZR0gRzFqmRbZAFqA72ZR0gRfZNDzmxwwwwww5Fqw1FqmRbZ/opendoc.pdf.) These proceedings outline a multi-sectoral and functional approach to (1) prevent sexual and gender-based violence and (2) respond appropriately and compassionately to survivor needs. The approach involves a variety of participants, including refugees themselves along with international agencies, NGOs, and the host government. Working groups at the conference clarified lessons learned from field experiences in five key sectors: the refugee community, community services, health care, protection, and security. For each sector, the report discusses roles and responsibilities, issues faced, and recommendations. Other issues that cut across sectors are also addressed, including children, coordination, monitoring and evaluation, and male involvement. Appendices include sample guidelines, indicators, and report forms needed to implement the recommendations.

World Health Organization (WHO). **Clinical Management of Rape Survivors: Guide to Assist in the Development of Situation-specific Protocols** [Draft for field testing]. Geneva: WHO (June 2001). (Available online at www.rhrc.org/fieldtools/index.htm.) This guide offers step-by-step instructions to help providers prepare rape survivors for examination, take a history, collect forensic evidence, perform a thorough physical exam, record the findings, and offer medical care. It does not cover psychological counseling or referrals to community, police, or legal services, although those may also be necessary. To help managers adopt best practices, the guide also includes sample forms and protocols.

WHO. **Reproductive Health During Conflict and Displacement: A Guide for Programme Managers.** Geneva: WHO (2000). (Available online at www.who.int/reproductive-health/publications/RHR_00_13_RH_conflict_and_displacement/index.htm.) This guide focuses on the managerial and service delivery challenges in meeting reproductive health needs during and displacement, and it is designed to complement the UNHCR's Inter-Agency Field Manual. Managers can use it to help plan, implement, monitor, and evaluate health care programs, to improve existing services, as a reference document, or as a training tool. The guide outlines reproductive health needs and interventions specific to each phase of conflict and displacement, and matches them with appropriate management tools. There is also a special section on how to respond to gender-based and sexual violence. The appendices describe a number of relevant management tools.

Gururaja, S. **Gender dimensions of displacement.** *Forced Migration Review* 9 (December 2000). (Available online at www.fmreview.org/fmr094.htm.)

After outlining the different consequences of displacement for women and men, this article discusses UNICEF's priorities in developing programs to address women's issues. These include breaking down entrenched discriminatory attitudes against women, viewing women as survivors rather than as victims, involving both women and men in peace building and conflict resolution activities, sensitizing camp leaders and workers to gender issues to protect women, and reaching youth. The article also discusses the role and results of the Beijing conferences for female refugees.

Holmes, W. **HIV and human rights in refugee settings.** *Lancet* 358:144-146 (2001). (Available online at

<http://pdf.thelancet.com/pdftownload?uid=llan.358.9276.news.16870.1&x=x.pdf>).

The author explores how a human rights framework can (1) help us understand the vulnerability of refugees to AIDS by enabling the collection of data, and (2) generate new ways of addressing the problem by focusing on the disparate roles and responsibilities of men and women.

Isis-Women's International Cross Cultural Exchange (Isis-WICCE). **Women's Experiences of Armed Conflict in Uganda Gulu District, 1986-1999.** Kampala, Uganda: Isis-WICCE (December, 2000). (Available online at www.isis.or.ug/gulureportone.htm).

To examine the impact of the long-running war in northern Uganda on women, researchers conducted interviews and focus group discussions with internally displaced people living in camps. Women's responsibilities increased as the men were lost to deaths, abductions, emigration, and military service. Many women were exposed to traumatic experiences, which contributed to a host of health problems, including untreated fevers, reproductive health complications, STIs, broken and severed limbs, and psychosocial problems. Marital break-ups, forced early marriages, rapes, and unwanted pregnancies were frequent. Girls' education has suffered, further depressing the status of women.

Jamieson, D.J. et al. **An evaluation of poor pregnancy outcomes among Burundian refugees in Tanzania.** *JAMA* 283(3):397-402 (2000). (Available online at <http://jama.ama-assn.org/issues/v283n3/ffull/jlf90028.html>.)

This study used a cross-sectional record review and survey to measure pregnancy outcomes over a five-month period among Burundian refugees living in a refugee camp in Tanzania. Poor pregnancy outcomes were common: the fetal death rate was 45.5 per 1000 live births; the neonatal mortality rate was 29.3 per 1000 live births; and 22.4 percent of all live births were low birthweight. Three factors significantly increased the risks of all three outcomes: high socioeconomic status prior to becoming a refugee, first or second pregnancy, and three or more episodes of malaria during pregnancy. Neonatal and maternal deaths together accounted for 16 percent of all deaths in the refugee camp during the study period, which made reproductive health problems the third leading cause of death, after malaria and acute respiratory infections. The authors

caution that their findings probably underestimate the true extent of poor pregnancy outcomes, including deaths, because of difficulties in data collection.

Khaw, A.J. et al. **HIV risk and prevention in emergency-affected populations: a review.** *Disasters* 24(3):181-197 (2000).

During complex emergencies, rape, the use of sex as a survival strategy, host-refugee interactions, high rates of STIs, mother-to-child HIV transmission, and transfusion risks all contribute to the transmission of HIV. At the same time, the silent nature of the epidemic, the stigma associated with the diagnosis, limited attention by assistance organizations, the lack of a functioning health care system, and the lack of data on HIV prevalence have all discouraged the problem from being addressed. The authors argue that after the initial phase of an emergency, HIV-prevention activities must be far more extensive than those offered as part of the Minimal Initial Services Package (MISP) in order to prevent an epidemic. The authors identify priority areas for research and intervention.

Salama, P. and Dondero, T.J. **HIV surveillance in complex emergencies.** *AIDS* 15(suppl 3):S4-S12 (2001).

Because forced migration can change HIV transmission patterns, it is important to track HIV levels in refugee populations. Rapid population movements, however, make it difficult to evaluate trends over time using conventional sentinel surveillance systems. Also, the national AIDS control programs that conduct routine HIV surveillance may consider refugees to be outside their responsibility. In the absence of sentinel surveillance systems, the authors outline alternative approaches to HIV surveillance in complex emergencies that use population-based surveys and secondary data sources. Their approach is illustrated with detailed descriptions of HIV/AIDS assessments conducted among Somali and Sudanese refugees.

Mayaud, P. **The challenge of sexually transmitted infections control for HIV prevention in refugee settings: Rwandan refugees in Tanzania.** *Transactions of the Royal Society of Tropical Medicine and Hygiene* 95: 121-124 (2001).

This article describes the design and implementation of a large-scale HIV/AIDS and STI intervention in camps for Rwandan refugees in Tanzania from 1994 to 1996. A rapid needs assessment found a high potential for an epidemic spread of HIV/AIDS and STIs given the refugee population mix. A four-part intervention was mounted, including mass educational campaigns, peer educators working among bar and brothel workers, condom distribution, and STI services at outpatient clinics. Repeat rapid surveys were used to measure trends in key indicators. Although there was little change in sexual behavior patterns, HIV/AIDS rates remained lower and more stable in the refugee camps than among other populations of displaced Rwandans.

IN ADDITION TO THE ABOVE

1. **From the Centers for Disease Control and Prevention,**
Email:<MLarson1@cdc.gov>

Basia Tomczyk, et al., ***Unmet Need for Family Planning among Afghan Refugee Women, Pakistan, 2000***, unpublished paper, March 2001.

J Kerimova, SF Posner, YT Brown, J Schmidt, S Hillis, S Meikle, J Lewis, A Duerr. ***Factors Associated with Self-Reported Forced Sex among Azerbaijani Women***. Submitted.

SF Posner, J Kerimova, J Schmidt, S Hillis, S Meikle, J Lewis, A Duerr, ***Differences in Welfare and Access to Care among Internally Displaced and Local Women: Seven Years after Relocation in Azerbaijan***, Population Reports, Submitted.

F Serbanescu, L Morris, N Nutsubitze, N Pimnadze, M Shaknazarova. ***Reproductive Health Survey, Georgia 1999/2000***, Preliminary Report, Atlanta, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2000.

**2. From the International Centre for Migration and Health,
Email:<imch@worldcom.ch>**

Demobilization and Its Implications for HIV/AIDS, Manuel Carballo, Carolyn Mansfield, Michaela Prokop, a background paper, October 2000.

Reproductive Health in the Context of Forced Migration. M. Carballo and V. Frajnzgier. Report prepared for UNFPA, September 2001.

HIV/AIDS and Security, M. Carballo, J. Cilloniz and S. Braunschweig. Report, 2001.

**3. From the Reproductive Health for Refugees Consortium,
Web:<www.rhrc.org>**

If Not Now, When? Addressing Gender-Based Violence in Refugee, Internally Displaced, and Post-Conflict Settings. A Global Overview by Jeanne Ward, April 2002.

Sexual and Gender-Based Violence [web-based] Bibliography, <<http://rhrc.org/resources/gbv/bib/>>. 2001.

Family Planning Continuation among Afghan Refugees in Northwest Frontier Province, Pakistan, Reproductive Health Research Group with JSI Research and Training Institute and Columbia University, August 2001.

4. From UNFPA, Web:<www.unfpa.org>

The Impact of Conflict on Women and Girls: A UNFPA Strategy for Gender Mainstreaming in Areas of Conflict and Reconstruction, Bratislava, Slovakia, 13-15 November 2001.

5. **From Marie Stopes International, Email:<sam.guy@stopes.org.uk>**

Reproductive health during conflict and displacement, Samantha Guy, *Humanitarian Exchange*, Number 20, March 2002.

6. **From Profamilia, Colombia, Web:<www.profamilia.org.co>**

Profamilia, Colombia, **Salud Sexual y Reproductiva en Zona Marginales, Situación de las Mujeres Desplazadas**, Bogotá, 2001.

7. **From the Women's Commission for Refugee Women and Children, Web:<www.womenscommission.org>**

Women's Commission for Refugee Women and Children. **Assessment of Reproductive Health for Refugees in Zambia**, 2001.

Women's Commission for Refugee Women and Children. **Unseen Millions: The Catastrophe of Displacement in Colombia. Children and Adolescents at Risk**, 2002.

8. **From the Center for Reproductive Law and Policy, Web:<www.crlp.org>**

Displaced and Disregarded: Refugees and their Reproductive Rights, Briefing Paper, October 2001.

9. **From the Heilbrunn Department of Population and Family Health at Columbia University's Mailman School of Public Health, Email:<tjm22@columbi.edu>**

McGinn, Therese and S Purdin, S Krause, R Jones, **Forced Migration and Transmission of HIV and Other Sexually Transmitted Infections: Policy and Programmatic Responses**, HIV InSite Knowledge Base Chapter, November 2001, <http://hivinsite.ucsf.edu/InSite.jsp?page=kb-08-01-08>.

10. **From HIV/AIDS & Conflict Resources, Web:<http://www.usaid.gov/regions/af/conflictweb/aids_bibl_journals.html#journals>**

Impact of insecurity, the AIDS epidemic, and poverty on population health: disease patterns and trends in Northern Uganda.

Accorsi, S.; Fabiani, M.; Lukwiya, M.; Ravera, M.; Costanzi, A.; Ojom, L.; Paze, E.; Manenti, F.; Anguzu, P.; Dente, M. G., and Declich, S.

American Journal of Tropical Medicine & Hygiene. 2001 Mar-2001 Apr 30; 64(3-4):214-21.

Abstract: A retrospective analysis of the discharge records of 186,131 inpatients admitted to six Ugandan hospitals during 1992-1998 was performed to describe the disease patterns and trends among the population of Northern Uganda. In all hospitals, malaria was the leading cause of admission and the

frequency of admissions for malaria showed the greatest increase. Other conditions, such as malnutrition and injuries, mainly increased in the sites affected by civil conflict and massive population displacement. Tuberculosis accounted for the highest burden on hospital services (approximately one-fourth of the total bed-days), though it showed a stable trend over time. A stable trend was also observed for acquired immunodeficiency syndrome (AIDS), which is in contrast to the hypothesis that AIDS patients have displaced other patients in recent years. In conclusion, preventable and/or treatable communicable diseases, mainly those related to poverty and poor hygiene, represent the leading causes of admission and death, reflecting the socioeconomic disruption in Northern Uganda.

Health concerns of peacekeeping: a survey of the current situation

Guimond, M.; Philip, N., and Sheikh, U.
Journal of Humanitarian Assistance, 2001 Jul 13.

No abstract available.

Medicine in Uganda: the impact of prolonged war and epidemic AIDS on medical care

Kellett, J.
Canadian Medical Association Journal. 1989 Mar 15; 140(6):699-701.

No abstract available.

Governance for Reconstruction in Africa: Challenges for Policy Communities and Coalitions

Mbabazi P., MacLean S.J., Shaw T.M.,
Global Networks: a Journal of Transnational Affairs January 2002, vol. 2, no. 1.

Abstract: This article seeks to advance analyses and responses to conflict prevention and reconstruction in Africa that go beyond state-centric perspectives to include a range of non-state players. Drawing on examples from both Uganda and Canada, it focuses on the activities of NGOs that have 'partnered' with state-based actors in various peacekeeping and peace-building operations as well as on the increasingly important role played by think-tanks. The latter have emerged in Africa as major contributors to the proliferating literature on the political economy of violence, an approach that recognizes that African conflict reflects imperatives of production and consumption in relations that juxtapose Africa's political institutions and cultures with international and global political economies. The article argues that novel forms of 'security communities' are emerging from the non-state/state/international partnerships and coalitions that have developed around contemporary issues like 'blood' diamonds, small arms, debt and HIV/AIDS, thus drawing attention to connections between conflict and development.

HIV Seroprevalence Among Military Blood Donors in Manica Province, Mozambique

Newman L.M. et. al.,
International Journal of STD and AIDS, April 2001, vol. 12, no. 4.

Abstract: HIV seroprevalence data show an alarming HIV situation in central Mozambique, but little is known about the situation of HIV in Mozambican military personnel. This study is a retrospective analysis of laboratory records for voluntary blood donors at a rural hospital from January 1997 through December

1999. The hospital screened blood samples with HIV SPOT rapid test for HIV and rapid plasma reagin (RPR) serological test for syphilis. Of the 797 blood donors during this period, 110 (13.8%) were military personnel of whom 39.1% were HIV positive (35.0% in 1997, 33.3% in 1998 and 48.7% in 1999). Among the 687 nonmilitary donors 15.3% were HIV positive ($P < 0.0001$ vs military). 74.4% of HIV-positive military personnel were also RPR positive. Conversely, only 3.0% of HIV-negative military donors were RPR positive. In light of the high rates of HIV and syphilis in military personnel, aggressive intervention measures must be taken to prevent and treat HIV and STDs in this population.

The Global Resurgence of Infectious Diseases,

Noji E.K.,

Journal of Contingencies and Crisis Management, December 2001, vol. 9, no. 4

Abstract: In an increasingly interdependent world, we face an array of new global challenges that transcend the traditional definition of national security. One important example is the resurgence of infectious diseases. In the 1960s and 1970s, powerful antibiotic drugs and vaccines appeared to have banished the major plagues from the industrialized world, leading to a mood of complacency and the neglect of programs for disease surveillance and prevention. Over the past few decades, however, infectious diseases have returned with a vengeance. Many factors, or combinations of factors, can contribute to disease emergence. New infectious diseases may emerge from genetic changes in existing organisms; known diseases may spread to new geographic areas and populations; and previously unknown infections may appear in humans due to changing ecological conditions that increase their exposure to insect vectors, animal reservoirs, or environmental sources of novel pathogens. Reemergence may also occur because of the development of anti-microbial resistance in existing infections (e.g., malaria) or breakdowns in public health measures for previously controlled infections due to civil conflict (e.g., cholera, tuberculosis). Not only does the re-emergence of infectious diseases threaten health directly, but devastating epidemics such as AIDS are spawning widespread political instability and civil conflict. This instability, in turn, will contribute to humanitarian emergencies and economic crises.

Profile. The risks--and rewards--of war zone research.

Science. 2000 Jun 23; 288(5474):2159.

No abstract available.

Health care in Africa -- which way?

Wakhweya, A. M.

Medicine and War. 9(3):234-241.

Abstract: This article gives a personal view of the health situation in a typical country in the South. Uganda is a country which is well endowed with natural resources, as are many countries in the South, but is plagued by poverty, conflict, endemic infectious diseases and, more recently, disease due to HIV. The article argues for an integrated solution to appropriate health care, proposing that good health results from sustainable development. It focuses on constraints to development such as conflict, militarization, environmental degradation, lack of community action, and inappropriate policies by both developing world governments and members of the international arena. All of these play a role in the achievement of sustainable equity world-wide. [Journal Article; In English; England]

International Military Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Policies and Programs: Strengths and Limitations in Current Practice,
Yeager, Rodger, Hendrix, Craig W. & Kingma, Stuart,
Military Medecine, 2000, vol. 165, no.2.

No abstract available.

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