

Center for Vaccine Ethics and Policy

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Vaccines and Global Health: The Week in Review 27 September 2014 Center for Vaccine Ethics & Policy (CVEP)

This weekly summary targets news, events, announcements, articles and research in the vaccine and global health ethics and policy space and is aggregated from key governmental, NGO, international organization and industry sources, key peer-reviewed journals, and other media channels. This summary proceeds from the broad base of themes and issues monitored by the Center for Vaccine Ethics & Policy in its work: it is not intended to be exhaustive in its coverage.

*Vaccines and Global Health: The Week in Review is also **posted in pdf form** and as a set of blog posts at <http://centerforvaccineethicsandpolicy.wordpress.com/>. This blog allows full-text searching of over 6,500 entries.*

Comments and suggestions should be directed to

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Request an email version: *Vaccines and Global Health: The Week in Review is published as a single email summary, scheduled for release each Saturday evening before midnight (EDT in the U.S.). If you would like to receive the email version, please send your request to david.r.curry@centerforvaccineethicsandpolicy.org.*

Editor's Note:

It was another week of extraordinary and historic action in the Ebola outbreak context. As we have noted, the volume of coverage, comment and analysis driven by the Ebola outbreak is growing and is occurring across media sources well beyond those we actively monitor. We will strive to present a coherent digest of what is happening using official sources wherever possible, with a special focus on vaccines and other interventions now in development and various trials globally. Reading this issue you will encounter additional and significant Ebola content throughout.

EBOLA [to 27 September 2014]

WHO

:: **Situation report update - 26 September 2014**

Continuing escalation of the outbreak across Liberia, Guinea and Sierra Leone

:: **Experimental therapies: growing interest in the use of whole blood or plasma from recovered Ebola patients (convalescent therapies)**

26 September 2014

:: **WHO Director-General addresses high-level meeting on the Ebola response**

25 September 2014

:: **Ebola outbreak response: maps**

UN

High-Level Meeting on Response to Ebola Virus Disease Outbreak

SG/2207

25 September 2014 - AM Meeting

'Every Day, Every Minute, Counts,' Warns World Health Organization Head at High-Level Meeting on Response to Ebola Virus Disease Outbreak

[Excerpt; Editor's text bolding]

With the Ebola virus claiming the lives of 200 people each day, most of them women, world leaders at a high-level Headquarters meeting Thursday implored the international community to swiftly ramp up the response to the epidemic ravaging West Africa before it turned into a humanitarian catastrophe.

"Every day, every minute, counts," said Margaret Chan, Director-General of the World Health Organization (WHO), insisting "We must try harder." Overflowing treatment centres were turning away sick and dying patients. In some areas no treatment beds were available, she said, stressing the need for more centres, as well as community-based care facilities.

United States President Barack Obama agreed. "We are not moving fast enough. We are not doing enough. Right now, everybody has the best of intentions, but people are not putting in the kind of resources that are necessary to put a stop to this epidemic," he said.

The worst ever outbreak of the virus already had caused a collapse of the public health systems in Liberia, Guinea and Sierra Leone — the three most affected countries. If left unchecked, the crisis could quickly become a global threat; stopping it was in everyone's interest. Last week, the Security Council determined that the outbreak was a threat to international peace and security, adopting resolution 2177 (2014) to that effect.

Mr. Obama today called on international organizations to "cut through red tape and mobilize partners on the ground", and on Governments to contribute more critical assets such as air transport, medical evacuation, health-care workers and equipment...

...United Nations Secretary-General Ban Ki-moon said advance teams had already deployed to the three most-affected countries and to the newly formed United Nations Mission for Ebola Emergency Response (UNMEER), based in Accra, Ghana, which would lead the Organization's system-wide response. "We are focusing on stopping the outbreak, treating the infected, providing essential services, preserving stability, and preventing outbreaks in non-affected countries," he said.

The crisis had highlighted the need to strengthen early identification systems and action, he said. The international community should consider forming a stand-by “white coats” corps of medical professionals, backed by WHO expertise and the United Nations logistical capacity.

“Now is the time for a robust and united effort to stop the outbreak. The world can and must stop Ebola — now,” he said, warning that while dozens of countries and organizations were making lifesaving contributions, they fell short of the 20-fold increase required....

...Liberian President Ellen Johnson-Sirleaf said “partners and friends, based on understandable fears, have ostracized us, shipping and airline services have sanctioned us and the world has taken some time to fully appreciate and adequately respond to the enormity of our tragedy”.

More than 1,700 Liberians had died already, among them 85 health-care workers, she said. Facing perhaps its greatest challenge ever, her nation was fighting back, building and staffing more treatment centres, and moving more aggressively to prevent the disease’s spread and to change the behaviour at the local level through community outreach.

“We cannot allow the projection of a worst-case scenario: that over 100,000 of our innocent citizens will die from an enemy disease they did not start and do not understand, that the resulting effect will reverse our gains in malaria control and child and maternal mortality,” she said.

Ernest Bai Koroma, President of Sierra Leone, said he had declared a state of emergency, shutting down the country for three days to get more than 27,000 health-care educators into every household in the country and reallocating millions of dollars from other vital services to combat Ebola....

...Alpha Condé, President of Guinea, said the outbreak was a threat to international peace and security. The response should be used to rebuild and strengthen the affected countries’ infrastructure so that once the crisis was over they could again foster economic growth and maintain stability....

U.S.

White House [FACT SHEET: Global Health Security Agenda: Getting Ahead of the Curve on Epidemic Threats](#)

The Ebola epidemic in West Africa highlights the urgency for immediate action to establish global capacity to prevent, detect and rapidly respond to biological threats like Ebola. Beginning in his 2011 speech at the United Nations General Assembly, the President has called upon all countries to work together to prevent, detect, and respond to outbreaks before they become epidemics.

The Global Health Security Agenda (GHSa) was launched on February 13, 2014 to advance a world safe and secure from infectious disease threats and to bring together nations from all over the world to make new, concrete commitments, and to elevate global health security as a national leaders-level priority. The G7 endorsed the GHSa in June 2014; and Finland and Indonesia hosted commitment development meetings to spur action in May and August.

On September 26, President Obama, National Security Advisor Rice, Assistant to the President for Homeland Security and Counterterrorism Monaco, and Secretaries Kerry, Hagel, and Burwell will meet with Ministers and senior officials from 44 countries and leading international organizations to make specific commitments to implement the GHSa and to work toward a commitment to assist West Africa with needed global health security capacity within 3 years. Commitments to Action

In 2014, countries developed 11 lines of effort in support of the GHSA – known as Action Packages. The Action Packages are designed to outline tangible, measurable steps required to prevent outbreaks, detect threats in real time, and rapidly respond to infectious disease threats—whether naturally occurring, the result of laboratory accidents, or an act of bioterrorism. The Action Packages include specific targets and indicators that can be used as a basis to measure how national, regional, and global capacities are developed and maintained over the long-term. Since February, countries have made over 100 new commitments to implement the 11 Action Packages. For its part, the United States has committed to assist at least 30 countries over five years to achieve the objectives of the GHSA and has placed a priority for our actions on combating antibiotic resistant bacteria, to improve biosafety and biosecurity on a global basis, and preventing bioterrorism. www.cdc.gov/globalhealth/security

Next Steps: Governance and Tracking

Going forward, 10 countries have agreed to serve on the GHSA Steering Group, which will be chaired by Finland starting in 2015, with representation from countries around the world, including: Canada, Chile, Finland, India, Indonesia, Italy, Kenya, the Kingdom of Saudi Arabia, the Republic of Korea, and the United States. The Steering Group is charged with tracking progress, identifying challenges, and overseeing implementation for achieving the objectives of the GHSA in support of international standards set by the World Health Organization, the Food and Agriculture Organization of the United Nations, and the World Organization for Animal Health. This includes the implementation of internationally agreed standards for core capacities, such as the World Health Organization International Health Regulations, the World Organization for Animal Health Performance of Veterinary Services Pathway, and other global health security frameworks. To provide accountability and drive progress toward GHSA goals, an independent, objective and transparent assessment process will be needed. Independent evaluation conducted over the five-year course of the GHSA will help highlight gaps and needed course corrections to ensure that the GHSA targets are reached.

All nations share a responsibility to provide health security for our world and for accelerating action toward a world safe and secure from all infectious disease threats.

Participating Nations—Australia, Azerbaijan, Canada, Chile, China, Denmark, Ethiopia, Finland, France, Georgia, Germany, Guinea, India, Indonesia, Israel, Italy, Japan, Jordan, Kenya, Liberia, Malaysia, Mexico, Netherlands, Norway, Pakistan, Peru, Portugal, Republic of Korea, Saudi Arabia, Sierra Leone, Singapore, South Africa, Spain, Sweden, Switzerland, Thailand, Turkey, Uganda, Ukraine, United Arab Emirates, United Kingdom, United States, Vietnam, and Yemen.

CDC/MMWR Watch [to 27 September 2014]

<http://www.cdc.gov/media/index.html>

:: [New Modeling Tool for Response to Ebola Virus Disease - Fact Sheet](#)

Tuesday, September 23, 2014

CDC has developed a dynamic modeling tool called Ebola Response that allows for estimations of projected cases over time in Liberia and Sierra Leone.

:: [CDC Statement from the Director](#)

September 23, 2014

Ebola is a critical issue for the world community. This week's meetings in NY and Washington are a critical opportunity for increased international commitments and, more importantly, action.

The Ebola case estimates published today in the MMWR are based on data from August and reflect a moment in time before recent significant increases in efforts to improve treatment and

isolation. They do not account for actions taken or planned since August by the United States and the international community. We anticipate that these actions will slow the spread of the epidemic.

The Ebola Response model is an important tool for people working to stop Ebola. It provides the ability to help Ebola response planners make more informed decisions on the emergency response to help bring the outbreak under control – and what can happen if these resources are not brought to bear quickly.

The model shows that there are severe costs of delay, and the need for increased resources and immediate and ongoing action by the international community.

It is still possible to reverse the epidemic, and we believe this can be done if a sufficient number of all patients are effectively isolated, either in Ebola Treatment Units or in other settings, such as community-based or home care.

Once a sufficient number of Ebola patients are isolated, cases will decline very rapidly – almost as rapidly as they rose.

Tom Frieden, M.D., M.P.H.

Director, Centers for Disease Control and Prevention

NIH Watch [to 27 September 2014]

[NIH to admit patient exposed to Ebola virus for observation](#)

September 27, 2014

NIH expects to admit a patient who has been exposed to the Ebola virus to its Clinical Center in the coming days. The patient is an American physician who was volunteering services in an Ebola treatment unit in Sierra Leone.

The patient is being admitted to the NIH Clinical Center for observation and to enroll in a clinical study.

Out of an abundance of caution, the patient will be admitted to the NIH Clinical Center's special clinical studies unit that is specifically designed to provide high-level isolation capabilities and is staffed by infectious diseases and critical care specialists. The unit staff is trained in strict infection control practices optimized to prevent spread of potentially transmissible agents such as Ebola...

UNICEF Watch [to 27 September 2014]

http://www.unicef.org/media/media_71724.html

[First batch of 50,000 household protection kits arrives in Liberia](#)

MONROVIA, Liberia, 25 September 2014 – With Ebola cases in Liberia spiralling upwards – now over 3,500 cases – UNICEF's first shipment of new household protection kits landed in the Liberian capital on Wednesday.

[MSF International President Addresses High-Level UN Meeting on Ebola](#)

September 25, 2014

Remarks by Joanne Liu, International President, Doctors Without Borders/Médecins Sans Frontières (MSF)

[Full text; Editor's text bolding]

Excellencies, ladies and gentlemen.

Generous pledges of aid and unprecedented UN resolutions are very welcome. But they will mean little, unless they are translated into immediate action.

The reality on the ground today is this: the promised surge has not yet delivered. The sick are desperate, their families and caregivers are angry, and aid workers are exhausted. Maintaining quality of care is an extreme challenge. Fear and panic have set in, as infection rates double every three weeks. Mounting numbers are dying of other diseases, like malaria, because health systems have collapsed. Without you, we fall further behind the epidemic's deadly trajectory. Today, Ebola is winning. Our 150-bed facility in Monrovia opens for just thirty minutes each morning. Only a few people are admitted—to fill beds made empty by those who died overnight. The sick continue to be turned away, only to return home and spread the virus among loved ones and neighbors. The isolation centers you have promised must be established NOW. And other countries must not let a few states carry the load. Complacency is a worse enemy than the virus. The required response must be hands-on, rigorous and disciplined. And it must not be subcontracted. It is not enough for states to just build isolation centers. While NGOs can manage some, you will have to manage many. Don't cut corners. Massive, direct action is the only way. But have no doubt about what you will face. This will be extremely challenging. Scaling up the response will present huge organizational difficulties. The UN cannot fail in coordinating and leading this effort. **In parallel, an equally massive effort is needed to create a vaccine, an additional tool for cutting the chain of transmission.** But current models of vaccine development will not work. We need incentives for trials and production, along with collaborative research and open source data. A safe vaccine must be accessible, and rapidly delivered to the most affected populations. There is today a political momentum the world has rarely—if ever—seen. As world leaders, you will be judged by how you use it. Thank you.

GAVI Watch [to 27 September 2014]

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

[Gavi Executive Committee requests options for supporting Ebola vaccine](#)

[French]

Vaccine Alliance to explore potential role in speeding up access to an approved vaccine

Geneva, 26 September 2014 – Gavi, the Vaccine Alliance is to examine how it can help accelerate the availability of Ebola vaccines currently in development.

Given the magnitude of the situation in West Africa, Gavi's Executive Committee this week agreed that the Alliance should review how it can mobilise to help tackle the unprecedented crisis. A number of Vaccine Alliance partners are already deeply engaged in the response to Ebola, including providing support in the affected countries.

There is one Ebola vaccine currently in phase 1 human trials and a number of others in development. The Executive Committee specifically requested that Gavi's CEO work with Alliance partners to develop options for speeding up the availability of a potential vaccine, recognising Gavi's expertise in shaping vaccine markets, track record in rapidly scaling up access to vaccines, and experience in innovative financing.

The Committee also noted that Gavi has invested more than US\$ 50 million to strengthen health systems for people in countries affected by the outbreak. If countries request it, Gavi will

respond to their situation by looking at reprogramming current health and immunisation systems grants towards new health systems needs arising from the Ebola outbreak. Gavi will also play an active role in supporting countries in developing strong recovery plans for their immunisation and health systems.

Any final decision on how Gavi would support a potential Ebola vaccine will be taken by the Alliance Board.

European Medicines Agency Watch [to 27 September 2014]

<http://www.ema.europa.eu/ema/>

Ebola outbreak: EMA to review experimental medicines to support treatment decisions

26/09/2014

The European Medicines Agency (EMA) has started to review available information on Ebola treatments currently under development. The goal is to provide an overview of the current state of knowledge about the various experimental medicines to support decision-making by health authorities.

At the moment, there are no approved medicines to protect from or treat Ebola. Medicines against this disease are still at an early stage of development. Some experimental treatments against Ebola have reportedly shown encouraging results in the laboratory or in animals, but they have not yet been fully studied in people.

"Health authorities or practitioners who need to take a decision whether or not to use an experimental Ebola treatment in a patient are currently lacking independent information," explains Professor Guido Rasi, EMA Executive Director. "I have therefore asked the EMA Committee for Medicinal Products for Human Use, CHMP, to scrutinize all the available information about experimental treatments and compile everything we know to date about their efficacy, safety and quality. This will facilitate evidence-based decision-making."...

...The Agency has established a group of European experts who have specialised knowledge in vaccines, infectious diseases and clinical trial design to contribute to the global response against Ebola. The group has proactively contacted developers of potential treatments for use in patients over the recent weeks.

The decision by the Agency's Executive Director to ask the CHMP to perform a formal review of the available scientific information means that companies are invited to send all available quality, preclinical and clinical data about their treatments under development to the EMA for a review.

The companies identified so far include:

- :: Biocryst, a US-based company developing BCX 4430
- :: Fab'entech, from France, developing Hyperimmune horse sera
- :: MAPP Biologicals, a US-based company developing ZMAPP
- :: Sarepta, a US company developing Sarepta AVI-7537
- :: Toyama Chemicals, Fujifilm Group, based in Japan and MediVector Inc, based in the US, who are jointly developing Favipiravir
- :: Tekmira, a Canadian company developing TKM-Ebola

Companies that are not included in the list above but are also developing Ebola treatments are encouraged to contact the EMA.

The review will focus on medicines under development that are used to treat people infected with the virus. Vaccines to protect people against contracting the

disease and blood therapies involving the blood of survivors of Ebola infection are excluded from this review.

Ebola crisis prompts unprecedented level of cooperation between regulators

The review of experimental Ebola treatments is part of the EMA's overall contribution to the global response to the Ebola outbreak in West Africa. The scale and complexity of this outbreak requires an unprecedented level of cooperation of the international health community. The Agency is working together with regulatory authorities around the world to support the World Health Organization and to advise on possible pathways for the development, evaluation and approval of medicines to fight Ebola.

The EMA and 14 other international regulatory authorities have recently formed the International Coalition of Medicines Regulatory Authorities (ICMRA). At their meeting in Rio de Janeiro in August 2014, the members of the coalition pledged to join their expertise to identify and define regulatory solutions for issues such as appropriate design of clinical trials, emergency access to treatments, manufacturing challenges or systematic collection of safety and efficacy data when experimental treatments are used in individual patients.

The aim of the cooperation between international regulators is to accelerate development and access to experimental treatments for patients in need during the current outbreak. It will also help to provide health authorities in countries affected by Ebola with safe and effective medicines at their disposal to save lives and respond effectively to future outbreaks.

:: [Avoiding duplication of clinical trials in children](#)

23/09/2014

Proposed single development plan for tetanus-diphtheria-pertussis vaccines is released for public consultation...

POLIO [to 27 September 2014]

GPEI Update: Polio this week - As of 24 September 2014

Global Polio Eradication Initiative

Editor's Excerpt and text bolding

Full report: <http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>

:: A synchronised regional mass polio vaccination campaign in central and western Africa is currently underway to vaccinate nearly 94 million children in 18 countries with oral polio vaccine (OPV).

:: On 18 September, Nepal became the first GAVI eligible country to introduce inactivated polio vaccine (IPV) into its routine immunization programme. Plans are underway to introduce IPV into the immunization programmes of the 126 countries currently using only oral polio vaccine, ahead of a planned switch from trivalent OPV to bivalent OPV.

Afghanistan

:: Two new wild poliovirus type 1 (WPV1) cases were reported in the past week, both in provinces previously uninfected in 2014. One of the newly-reported cases had onset of paralysis on 1 September, in Kandahar province, Southern Region, and the other case is from Paktika province, close to the border with Pakistan; both cases are linked to cross border transmission with Pakistan. The total number of WPV1 cases in 2014 is now 10.

Nigeria

:: One new cVDPV2 case was reported in the past week with onset of paralysis on 17 August in Minjibir, Kano. The total number of cVDPV2 cases for 2014 is now 20.
Central Africa

:: Synchronized NIDs are taking place across central Africa this week in Cameroon, Gabon, Republic of Congo and Equatorial Guinea, all using bivalent OPV, and the Democratic Republic of the Congo using trivalent OPV. SNIDs are also taking place in Chad, using trivalent OPV. National Child Health Days are currently underway in Angola, using trivalent OPV.

West Africa

:: Even as polio programme staff across West Africa support efforts to control the Ebola outbreak affecting the region, a large scale synchronized vaccination campaign has been rolled out in those countries not affected by Ebola. NIDs took place on 19-22 September in Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Mali, Niger and Togo, and in Mauritania 20-23 September using trivalent OPV. NIDs in Guinea-Bissau will take place 27-30 September, also using trivalent OPV. Further NIDs are planned in Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal and Togo on 31 October-2 November.

Dr. Jon Andrus Named Executive Vice President of the Sabin Vaccine Institute

WASHINGTON, D.C. — September 25, 2014 — The Sabin Vaccine Institute (Sabin) today announced that effective October 17, 2014, Dr. Jon Andrus will join Sabin as Executive Vice President and Director of Vaccine Advocacy and Education. In this role, he will leverage more than three decades of experience as a global health leader with a well-documented record for fostering collaboration among national governments and partners to expand access to vaccines for the world's poorest people...

PATH names new leader for Maternal, Newborn, and Child Health and Nutrition program

Announcement | September 25, 2014

Dr. Cyril Engmann has extensive experience leading international maternal and newborn health initiatives

WHO & Regionals [to 27 September 2014]

:: Tackling rabies

Rabies is a 100% preventable disease present in more than 150 countries. For World Rabies Day, 28 September 2014, WHO is sharing 2 different responses to curb the disease in Bangladesh and Kenya.

- [Bangladesh tackles rabies through mass dog vaccination](#)
- [Kenya launches ambitious rabies elimination strategy](#)

:: WHO delivers medicines and medical supplies to Ukraine 24-09-2014

On 22 September 2014, WHO delivered 19.2 tonnes of medical supplies and medicines to treat about 170 000 people for common diseases in Ukraine. The emergency health kits will help the Ukrainian Ministry of Health and local health authorities respond to the needs of the population residing in or displaced from the Donbas region.

:: WHO Statement: [Prevention and elimination of disrespect and abuse during childbirth](#)

pdf [English:

http://apps.who.int/iris/bitstream/10665/134588/1/WHO_RHR_14.23_eng.pdf?ua=1&ua=1

Overview

Every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth. However, across the world many women experience disrespectful, abusive, or neglectful treatment during childbirth in facilities. These practices can violate women's rights, deter women from seeking and using maternal health care services and can have implications for their health and well-being.

WHO Statement

A new WHO statement illustrates a commitment to promoting the rights of women and to promoting access to safe, timely, respectful care during childbirth. It calls for greater co-operation among governments, healthcare providers, managers, professional associations, researchers, women's advocates, international organizations and women themselves to end disrespect and abuse during facility-based childbirth.

The WHO statement calls for:

- :: Greater support from governments and development partners for research and action
- :: Programmes to improve the quality of maternal health care, with a strong focus on respectful care
- :: Greater emphasis on the rights of women to dignified, respectful healthcare through pregnancy and childbirth
- :: The generation of data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support
- :: The involvement of all stakeholders, including women, in efforts to improve quality of care and eliminate disrespectful and abusive practices

The **Weekly Epidemiological Record (WER) 26 September 2014**, vol. 89, 39 (pp. 421–428) includes:

- :: WHO Alliance for the Global Elimination of Blinding Trachoma by the year 2020
<http://www.who.int/entity/wer/2013/wer8939.pdf?ua=>

CDC - MMWR for September 26, 2014 / Vol. 63 / No. 38

- :: [Updated Preparedness and Response Framework for Influenza Pandemics](#)

CDC has updated its framework to describe influenza pandemic progression using six intervals (two pre-pandemic and four pandemic intervals) and eight domains. This updated framework can be used for influenza pandemic planning and has been aligned with the pandemic phases restructured in 2013 by the World Health Organization.

[Vaccination with Tetanus, Diphtheria, and Acellular Pertussis Vaccine of Pregnant Women Enrolled in Medicaid — Michigan, 2011–2013](#)

Excerpt

...Discussion

Based on Medicaid administrative claims data and the statewide immunization information system records, 14.3% of publicly insured women who delivered their first child during November 2011–February 2013 received Tdap during pregnancy. Because the 2011 ACIP recommendation was only for unvaccinated women and women could have received Tdap before pregnancy, a 100% coverage rate for Tdap during pregnancy would not be expected. However, based on data from the 2012 National Health Interview Survey, only 14.2% of adults reported receiving Tdap in the past 7 years (8). With such a low proportion of the general population having received Tdap, a higher proportion of pregnant women in this population

would be expected to have received Tdap if ACIP recommendations had been consistently followed.

Black, Asian, and Arab women were significantly less likely to receive Tdap during pregnancy compared with white women, even after controlling for significant predictors of vaccination (infant's gestational age and maternal age at delivery). No significant difference in vaccination was observed between Hispanic women or Native American women and white women. Racial disparities in prenatal vaccination have also been observed with the influenza vaccination; black women (45.4%) were less likely to receive the influenza vaccine compared with white women (52.2%) (9)...

Global Fund Watch [to 27 September 2014]

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

:: [Ecobank Expands Partnership with Global Fund](#)

23 September 2014

JUBA, South Sudan - Ecobank Group and the Global Fund to Fight AIDS, Tuberculosis and Malaria are expanding a partnership to include South Sudan after collaborating since 2011 on capacity-building programs for Global Fund implementers in Cote d'Ivoire and Nigeria.

Building on this successful experience, the two parties announced in Juba they have concluded a three to five years' agreement to formalize Ecobank's support for the Global Fund's work and programs in a number of countries in Africa, including South Sudan.

The Global Fund program in South Sudan is being implemented through the United Nations Development Programme (UNDP) and Population Services International (PSI)...

:: [Landmark HIV Diagnostic Access Program Will Save \\$150m](#)

26 September 2014

Roche has announced a major Global Access Program to sharply lower the price of HIV viral load tests in low- and middle-income countries. This new initiative creates a ceiling price of US\$9.40 per test, and will reduce Roche's average price by more than 40% in low- and middle-income countries. When fully implemented, the Global Access Program is projected to save more than US\$150 million in costs over the next five years.

By increasing access to viral load testing, this new deal will dramatically improve the quality of HIV treatment services and strengthen capacity to achieve the global goal of ensuring that 90% of all people receiving antiretroviral therapy achieve viral suppression. The high price of viral load testing – is an important reason why less than one in four people on antiretroviral therapy currently have access to viral load testing...

Industry Watch [to 27 September 2014]

Selected media releases and other selected content from industry.

:: [IFPMA supports World Hepatitis Day 2014](#) 28 July 2014

FDA Watch [to 27 September 2014]

No new relevant content.

European Vaccine Initiative (EVI) [to 27 September 2014]

<http://www.euvaccine.eu/>

No new digest content identified.

Reports/Research/Analysis/Commentary/Conferences/Meetings/Book Watch/Tenders

Vaccines and Global Health: The Week in Review has expanded its coverage of new reports, books, research and analysis published independent of the journal channel covered in Journal Watch below. Our interests span immunization and vaccines, as well as global public health, health governance, and associated themes. If you would like to suggest content to be included in this service, please contact David Curry at: david.r.curry@centerforvaccineethicsandpolicy.org

The Anti-Vaccination Epidemic

Paul A. Offit

Wall Street Journal -Opinion

Sept. 24, 2014

Whooping cough, mumps and measles are making an alarming comeback, thanks to seriously misguided parents

Almost 8,000 cases of pertussis, better known as whooping cough, have been reported to California's Public Health Department so far this year. More than 250 patients have been hospitalized, nearly all of them infants and young children, and 58 have required intensive care. Why is this preventable respiratory infection making a comeback?...

WHO: Third Global Symposium on Health Systems Research

Cape Town, South Africa

30 September – 3 October 2014

The theme for this year will be on people-centred health systems: health systems that recognize that people are their central focus and resource, and that address responsiveness at population and patient levels as a central goal.

Specific objectives

- :: Share cutting-edge research addressing the development of people-centred health systems.
- :: Identify and discuss approaches to research addressing this theme and to strengthen the rigour of this research.
- :: Build the capacities of researchers, policy-makers, practitioners, activists and civil society organizations to conduct and use health systems research related to the theme.
- :: Strengthen learning communities and knowledge-translation platforms working, to support people-centred health systems across disciplines, sectors and countries and, particularly, bridging practitioner, activist and researcher communities.

The Symposium will convene researchers, policy and decision makers, advocates, and implementers from around the world to develop the field of health systems research.

More on conference: <http://hsr2014.healthsystemsresearch.org/>

From Google Scholar & other sources: Selected Journal Articles, Newsletters, Dissertations, Theses, Commentary

No new relevant content identified.

Media/Policy Watch

This section is intended to alert readers to substantive news, analysis and opinion from the general media on vaccines, immunization, global; public health and related themes. *Media Watch* is not intended to be exhaustive, but indicative of themes and issues CVEP is actively tracking. This section will grow from an initial base of newspapers, magazines and blog sources, and is segregated from *Journal Watch* above which scans the peer-reviewed journal ecology.

We acknowledge the Western/Northern bias in this initial selection of titles and invite suggestions for expanded coverage. We are conservative in our outlook in adding news sources which largely report on primary content we are already covering above. Many electronic media sources have tiered, fee-based subscription models for access. We will provide full-text where content is published without restriction, but most publications require registration and some subscription level.

Al Jazeera

<http://www.aljazeera.com/Services/Search/?q=vaccine>

Accessed 27 September 2014

[No new, unique, relevant content]

The Atlantic

<http://www.theatlantic.com/magazine/>

Accessed 27 September 2014

[No new, unique, relevant content]

Bloomberg

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

[Ebola Shot Turned Down by WHO Is Best Hope as Virus Rages](#)

By Makiko Kitamura and Shannon Pettypiece Sep 26, 2014 5:30 AM ET

The calls started coming in August to the office of [GlaxoSmithKline Plc](#) Chief Executive Officer [Andrew Witty](#) from the head of the [World Health Organization](#), [Margaret Chan](#). The Ebola outbreak was raging out of control and Chan needed the drugmaker's vaccine as quickly as possible.

The sudden sense of urgency for an Ebola vaccine was an about face from a few months earlier when Glaxo contacted the WHO, asking whether its vaccine could help with the outbreak. At that time, the company was told the focus was on containment and the WHO didn't have a policy for using vaccines in this type of situation. "We'll get back to you" was the message, said Ripley Ballou, head of Glaxo's Ebola vaccine program.

As those months passed and containment efforts failed, the epidemic spun out of control, claiming more lives than all past outbreaks combined. So far, more than 6,200 people have been infected and 2,900 have died, and the virus could sicken more than 1.4 million people by January under the worst-case scenario projected by the U.S. Centers for Disease Control and Prevention.

With no approved Ebola medicines, and experimental treatments in short supply, a vaccine is now one of the best hopes for halting the virus's spread before it becomes entrenched in the region. That puts pressure on the few drugmakers with a vaccine in development as they shift resources, delay other projects, and spend millions in a race to immunize patients. Glaxo and

Johnson & Johnson are preparing thousands of doses of their experimental vaccines to test in Africa as early as January.

Traditional Measures

"It may be that without a vaccine we can't really stop this epidemic," [Peter Piot](#), a co-discoverer of the Ebola virus in 1976 who is now the director of the London School of Hygiene and Tropical Medicine, said at a news conference in London this week.

When Glaxo contacted the WHO in March, the vaccine was seen as a "diversion of energy" at a time when it was believed the outbreak would be controlled with traditional measures, such as contact tracing and safe burials, that have helped contain every previous outbreak, said [Marie-Paule Kieny](#), the WHO's assistant director-general for health systems and innovation. At the end of March, there were about 100 cases of Ebola in Guinea, with early reports the virus was spreading to Liberia and Sierra Leone, according to the U.S. Centers for Disease Control and Prevention.

"We were in a situation where GSK had a vaccine which had been tested in animals, and that was it," Kieny said in a telephone interview. "It was only then when the situation started to be quite worse, and people understood that we're not going to make it, that the effort came to a higher level."...

BBC

<http://www.bbc.co.uk/>

Accessed 27 September 2014

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Brookings

<http://www.brookings.edu/>

Accessed 27 September 2014

[No new, unique, relevant content]

Council on Foreign Relations

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

Accessed 27 September 2014

[No new, unique, relevant content]

Economist

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

Accessed 27 September 2014

[No new, unique, relevant content]

Financial Times

<http://www.ft.com>

Accessed 27 September 2014

[No new, unique, relevant content]

Forbes

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

Accessed 27 September 2014

[No new, unique, relevant content]

Foreign Affairs

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

Accessed 27 September 2014

[No new, unique, relevant content]

Foreign Policy

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

Accessed 27 September 2014

[No new, unique, relevant content]

The Guardian

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

Accessed 27 September 2014

[No new, unique, relevant content]

The Huffington Post

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

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[No new, unique, relevant content]

Le Monde

<http://www.lemonde.fr/>

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[No new, unique, relevant content]

New Yorker

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

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New York Times

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

Accessed 27 September 2014

The Opinion Pages | Op-Ed Columnist Nicolas Kristof

[The Ebola Fiasco](#)

SEPT. 24, 2014

The Ebola epidemic in West Africa is a tragedy. But, more than that, the response to it has been a gross failure.

It's a classic case where early action could have saved lives and money. Yet the world dithered, and with Ebola cases in Liberia now doubling every two to three weeks, the latest worst-case estimate from the Centers for Disease Control and Prevention is that there could be 1.4 million cases in Liberia and Sierra Leone by late January...

...If the worst-case scenario comes to pass in West Africa, it may become endemic in the region and reach the West. Ebola is quite lethal but not particularly contagious, so it presumably wouldn't cause an epidemic in countries with modern health systems. This entire tragedy is a failure of humanity.

As donor countries scramble to respond (which may cost \$1 billion in the next six months, according to the United Nations, although nobody really knows), the risk is that they will raid pots of money intended for other vital purposes to assist the world's needy. Jamie Drummond

of the One campaign says he worries that governments may try to finance Ebola countermeasures with money that otherwise would buy childhood vaccines or ease emerging famines in Somalia and South Sudan.

Vaccines are a bargain. Since 1990, vaccines and other simple interventions (such as treatments for diarrhea) have saved nearly 100 million children's lives, according to Unicef. Gavi, the Vaccine Alliance, is now in the middle of trying to raise an additional \$7.5 billion to subsidize vaccinations of 300 million additional children around the world. On top of the \$2 billion it has, Gavi says this would save 5 million to 6 million lives and produce economic benefits of \$80 billion to \$100 billion.

Such an investment should be a no-brainer. In the 21st century, we have the resources to fight more than one fire at a time.

"I am worried," said Seth Berkley, the chief executive of Gavi. "You wouldn't want to reduce immunizing children around the world to deal with an emergency even as severe as Ebola."...

Reuters

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

Accessed 27 September 2014

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Time

<http://time.com/>

[We Need a Global Health Emergency Corps to Fight Ebola](#)

25 September 2014

by Jack C. Chow, former assistant director-general at the WHO

...To confront Ebola and future waves of "flashdemics" — high velocity, high lethality outbreaks — a new intervention strategy is needed: The creation of an international medical ground force that can be immediately dispatched to stricken zones, endowed with authority to enter countries unimpeded and begin operations. This rapid response unit can quickly and directly treat the ill, humanely care for the dying, and prevents spread to the vulnerable. This unit would implement strategies worked out in advance from a response playbook with pre-determined roles for responders.

A medical reserve force could terminate nascent outbreaks quickly and spare further cost in lives and resources. A stricken country can then recover and rebuild from the emergency response to strengthen its health system against future threats. A coalition of countries, especially those with advanced health systems, could create a force in short order by contributing teams from existing agencies.

However, this kind of badly needed at-the-ready, direct intervention capacity, at a national or regional scale, does not currently exist...

Wall Street Journal

<http://online.wsj.com/home-page? wsjregion=na,us& homepage=/home/us>

Accessed 27 September 2014

[Video: Opinion Journal: Got Whooping Cough? Blame Urban Liberals.](#)

Children's Hospital of Philadelphia Vaccine Education Center Director Dr. Paul Offit on the public-health repercussions of California's anti-vaccine lobby.

Yesterday 02:31:00 PM

[Paul A. Offit: The Anti-Vaccination Epidemic](#)

Opinion - Whooping cough, mumps and measles are making an alarming comeback, thanks to seriously misguided parents.

09/24/14

[Our Dengue Vaccine Works Well — Letters to the Editor](#)

Sanofi Pasteur's dengue-vaccine candidate is the world's first dengue vaccine to successfully complete Phase III clinical trials.

09/25/14

Washington Post

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

Accessed 27 September 2014

[The consequences of anti-vaccine activism](#)

Anti-vaccine activists have convinced many parents not to vaccinate their children, and we're beginning to see the results.

Jonathan H. Adler | National | September 25, 2014

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Vaccines and Global Health: The Week in Review is a service of the Center for Vaccines Ethics and Policy (CVEP) which is solely responsible for its content. Support for this service is provided by its governing institutions – Department of Medical Ethics, NYU Medical School; The Wistar Institute Vaccine Center and the Children's Hospital of Philadelphia Vaccine Education Center. Additional support is provided by the PATH Vaccine Development Program; the International Vaccine Institute (IVI); the Bill & Melinda Gates Foundation; industry resource members Janssen, Pfizer, and Sanofi Pasteur U.S. (list in formation), and the Developing Countries Vaccine Manufacturers Network (DCVMN). Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.

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