



## **Vaccines and Global Health: The Week in Review 19 September 2015 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 8,000 entries.*

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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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org).*

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**EBOLA/EVD** [to 19 September 2015]

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

**[Ebola Situation Report - 16 September 2015](#)**

*[Excerpts]  
SUMMARY*

:: There were 5 confirmed cases of Ebola virus disease (EVD) reported in the week to 13 September, all of which were in Sierra Leone. Guinea recorded its first EVD-free week in over 12 months. All but one of the cases in Sierra Leone were registered contacts associated with the Kambia chain of transmission. A new confirmed case was also reported from the central Sierra Leonean district of Bombali, which has not reported a case for over 5 months. The case, a 16-year-old girl, had severe symptoms in the community for several days before being admitted to an Ebola treatment centre (ETC). There is considered to be a high-risk of further transmission associated with this case, and over 600 contacts have been identified so far. A rapid-response team has been deployed in order to minimise the risk of further transmission and establish the origin of infection. The total number of contacts under observation in Guinea and Sierra Leone has increased from approximately 1300 on 6 September to 1800 on 13 September. The vast majority of these contacts are located in the Sierra Leonean districts of Bombali and Kambia. Approximately 60 contacts are considered to be high-risk.

### **[Ebola response phase 3: Framework for achieving and sustaining a resilient zero](#)**

WHO

September 2015 :: 17 pages

Downloads: [Ebola response phase 3: Framework for achieving and sustaining a resilient zero pdf, 1.46](#)

#### *Overview*

The purpose of the Ebola response Phase 3 framework is to incorporate new knowledge and tools into the ongoing Ebola response and recovery work to achieve and sustain a "resilient zero". Phase 3 of the response builds upon the rapid scale-up of treatment beds, safe and dignified burial teams, and behaviour change capacities during Phase 1 (August-December 2014); and the enhanced capacities for case finding, contact tracing, and community engagement during Phase 2 (January-July 2015). This framework incorporates new developments and breakthroughs in Ebola control, from vaccines, diagnostics and response operations to survivor counselling and care.

Phase 3 objectives: Objective 1 - To accurately define and rapidly interrupt all remaining chains of Ebola transmission. Objective 2 - To identify, manage and respond to the consequences of residual Ebola risks.

The chapters include:

- :: Context for the outbreak and descriptions of Objectives 1 and 2
- :: Risks to the implementation of Phase 3
- :: Priorities to operationalize Phase 3
- :: Phase 3 and early recovery
- :: Key timelines & milestones for Phase 3.

### **[Rapid response to new Ebola infection in Bombali, Sierra Leone](#)**

16 September 2015

### **[Johnson & Johnson Announces BARDA Funding Award to Accelerate Ebola Vaccine Program](#)**

*Prime-boost vaccine regimen in development at the Janssen Pharmaceutical Companies currently in Phase I and II clinical studies in Europe, U.S. and Africa*

NEW BRUNSWICK, N.J., - September 14, 2015 - Johnson & Johnson (NYSE: JNJ) announced today that Crucell Holland B.V., one of its Janssen Pharmaceutical Companies, has been awarded \$28.5 million from The Biomedical Advanced Research and Development Authority

(BARDA), part of the U.S. Department of Health and Human Services, to help accelerate the development of its investigational Ebola prime-boost vaccine regimen. The regimen, which is currently being tested in clinical studies, uses a combination of two components based on AdVac technology from Crucell Holland B.V. and MVA-BN® technology from Bavarian Nordic.

The agreement involves a 5-year commitment, with options for an additional \$40.5 million funding, to optimize manufacturing systems and capacity for the vaccine regimen, including technology transfers to large-scale production facilities, heat-stability studies to verify that the regimen is optimized for use in African countries, and final product manufacturing and quality control activities.

"We are committed to finding a way to support the fight to get to and stay at zero Ebola cases worldwide," said Paul Stoffels, M.D., Chief Scientific Officer and Worldwide Chairman, Pharmaceuticals, Johnson & Johnson. "Future outbreaks are a real danger, and we need to be prepared for them. This BARDA investment in our prime-boost vaccine approach will help us to further develop and potentially deliver a vaccine with both short and long-term protection."

Phase I clinical studies of the prime-boost vaccine regimen began in the United Kingdom and United States in December 2014, followed by several sites in Africa. A Phase II study, to be carried out in the U.K. and France, started in July 2015, and plans are well advanced for the commencement of a safety and immunogenicity study in Sierra Leone and additional phase II studies outside the outbreak area in Africa. While clinical studies continue, BARDA will focus on supporting manufacturing development of the regimen's prime and boost components.

Prime-boost vaccine regimens involve an initial dose that primes the immune system to develop disease-specific antibodies, followed by a booster dose at a later date that can strengthen and optimize the duration of the immune response. A number of widely used vaccines use a multi-dose approach to create stronger and longer-lasting immunity, including some for polio, rotavirus and HPV.

Janssen, in partnership with Bavarian Nordic, has produced drug supply for more than 800,000 regimens and is set-up to be able to produce a total of 2 million regimens of the Ebola vaccine regimen during the course of 2015.

To date, there is no licensed vaccine, treatment or cure for the Ebola virus. The Ebola outbreak in West Africa has put the health care systems of Liberia, Sierra Leone and Guinea under tremendous pressure. As of September 2015, after more than one year of this sustained Ebola outbreak, over 28,100 people have been infected with the virus across the three countries, and over 11,300 have died - including more than 500 healthcare workers. Although the outbreak has been brought under control in recent months, it could easily resurge and preparedness for future outbreaks is essential.

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**POLIO** [to 19 September 2015]

*Public Health Emergency of International Concern (PHEIC)*

## **GPEI Update: Polio this week - As of 16 September 2015**

Global Polio Eradication Initiative

*[Editor's Excerpt and text bolding]*

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

:: Pakistan launched a nationwide polio campaign this week to vaccinate more than 35 million children in 163 districts of the country. Approximately 200,000 polio workers are participating in the polio campaign, during which Vitamin A will also be distributed. [More](#)

:: As progress continues to be made towards polio eradication, surveillance is increasingly one of the most important things the programme can do to protect children against every last poliovirus. Read more about how surveillance works [here](#).

:: The Global Polio Eradication Initiative is proud to partner with the [Global Citizen Festival](#) on 26 September, featuring Beyonce, Ed Sheeran, Pearl Jam and other headliners to help fight extreme poverty and inequality around the world, and support approaches that will make life more sustainable for people and the planet.

*Selected Country Report Content*

### ***Pakistan***

:: Two new wild poliovirus type 1 (WPV1) cases were confirmed in the past week in Khyber Agency in the Federally Administered Tribal Areas. The most recent case had onset of paralysis on 22 August. The total number of WPV1 cases for 2015 is now 32, compared to 145 at this time last year.

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**MERS-CoV** [to 19 September 2015]

### **Global Alert and Response (GAR) – Disease Outbreak News (DONs)**

:: [Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) – Jordan](#)

18 September 2015

:: [Middle East Respiratory Syndrome coronavirus \(MERS-CoV\) – Saudi Arabia](#)

17 September 2015

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**WHO & Regionals** [to 19 September 2015]

### **Addressing noncommunicable diseases in emergencies**

16 September 2015 -- Due to ongoing humanitarian crisis in Ukraine people struggle to receive treatment for noncommunicable diseases (NCDs) such as cancer, lung and heart disease and diabetes. Working closely with the Ukrainian Ministry of Health and partners, WHO provides emergency kits with training materials to treat these diseases in the field.

The [Weekly Epidemiological Record \(WER\) 18 September 2015](#), vol. 90, 38 (pp. 489–504) includes:

:: Global programme to eliminate lymphatic filariasis: progress report, 2014

## **Global Alert and Response (GAR) – Disease Outbreak News (DONs)**

- :: [18 September 2015](#) - Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Jordan
- :: [17 September 2015](#) - Chikungunya – Spain (update)
- :: [17 September 2015](#) - West Nile virus – Portugal
- :: [17 September 2015](#) - Middle East Respiratory Syndrome coronavirus (MERS-CoV) – Saudi Arabia
- :: [14 September 2015](#) - Chikungunya – Senegal

### **:: WHO Regional Offices**

#### **WHO African Region AFRO**

*No new digest content identified.*

#### **WHO Region of the Americas PAHO**

- :: [PAHO/WHO and U.S. National Park Service partner to connect people to parks for better health](#) (09/18/2015)
- :: [Countries of the Americas agree to step up action toward rabies elimination](#) (09/17/2015)
- :: [Wellness Week in the Americas, Sept. 12-19, will focus on "Healthy Parks, Healthy People"](#) (09/14/2015)

#### **WHO South-East Asia Region SEARO**

- :: [Regional Committee adopts resolution on cancer prevention, control](#)

WHO Regional Committee meeting, which ended on 11 September, adopted six resolutions on priority areas. The countries resolved to strengthen cancer prevention and control programme, tobacco control, preparedness to respond to emergencies and outbreaks, anti-microbial resistance, community based health services and patient safety for sustainable Universal Health Coverage. [Press Release](#)

#### **WHO European Region EURO**

- :: [Day 4 highlights: RC65 adopts new tuberculosis action plan and closes](#) 17-09-2015
  - :: [Refugee crisis in Europe: update on the situation and WHO response](#) 17-09-2015
- Vilnius and Copenhagen, 14 September 2015

In response to the growing numbers of refugees and migrants arriving in the European Region, WHO supports countries by offering medical supplies, assessing national preparedness to assist people in need, training personnel at points of entry in public health and migration matters, and providing information materials.

Senior government officials of the 53 Member States in the WHO European Region discussed the public health impact of large-scale migration during the 65th session of the Regional Committee for Europe in Vilnius, Lithuania. They called for continued involvement and support from WHO to respond adequately to the public health implications of large influxes of people by conducting additional assessments in countries and by providing policy advice on contingency planning, training of health personnel and delivery of supplies. It was decided that a high-level WHO conference would be organized as soon as possible to agree on a common public health approach to large-scale migration in the Region.

"As refugee and migration movements escalate and the migratory routes change, more European countries face this challenge," said Dr Zsuzsanna Jakab, WHO Regional Director for Europe. "Today more than ever, this situation calls for a regional, comprehensive and systematic public health response. As refugees and migrants move, intercountry coordination

must be strengthened across the European Region, as well as with the countries of origin and transit."...

:: [Day 3 highlights: adoption of strategy on physical activity and roadmap for tobacco control](#) 16-09-2015

:: [WHO European Region Member States commit to denormalizing tobacco](#) 16-09-2015

:: [European ministers of health adopt strategy to tackle physical inactivity in 53 WHO Member States](#) 16-09-2015

:: [European countries review progress and synergize efforts for control of vaccine-preventable diseases](#)

14-09-2015

Three days of discussion and sharing of experience among national immunization programme managers, WHO, partners and international experts on 1–3 September 2015 brought into full focus the challenges facing the European Region in the area of immunization and progress towards implementation of the European Vaccine Action Plan at national level. Over 130 delegates from 47 Member States of the European Region gathered in Antwerp, Belgium, to discuss remaining barriers to full immunization in Europe and the actions needed to achieve regional goals, such as elimination of measles and rubella and maintenance of the Region's polio-free status.

"The European Vaccine Action Plan (EVAP) embodies regional commitment to immunization, and this meeting offers immunization programme managers the chance to voice their opinions and experience, interact with each other and WHO staff and work together to translate EVAP strategies into national priorities and actions," said Dr Pierre van Damme, Professor of Vaccinology at the University of Antwerp and chair of the European Technical Advisory Group of Experts on Immunization (ETAGE), with reference to the interactive approach taken at the meeting. The format included panels, small group discussion and question-and-answer sessions....

### **WHO Eastern Mediterranean Region EMRO**

:: [Malaria MDG target achieved amid sharp drop in cases and mortality, but 3 billion people remain at risk](#) 17 September 2015

:: [Improving the health of women, children and adolescents](#) 14 September

### **WHO Western Pacific Region**

:: [UN: Progress made but more to be done to ensure all children are born free of HIV & syphilis in Asia-Pacific](#)

BANGKOK, 14 September 2015 – The Asia–Pacific region has made significant progress in efforts to eliminate the transmission of HIV and syphilis, but thousands of mothers and children have yet to feel the benefits. Addressing this gap will be a key area for discussion at the 10th Asia-Pacific United Nations Parent-to-Child Transmission of HIV and Syphilis Task Force meeting in Beijing, China, this week. [Read the joint news release](#)

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**CDC/MMWR/ACIP Watch** [to 19 September 2015]

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

**[Enhanced Airport Entry Screening To End for Travelers from Liberia to the United States](#)**

FRIDAY, SEPTEMBER 18, 2015

On September 21, 2015, the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security (DHS) will remove Liberia from the list of nations affected by Ebola...

**[MMWR September 18, 2015 / Vol. 64 / No. 36](#)**

:: [Influenza Vaccination Coverage Among Health Care Personnel — United States, 2014–15 Influenza Season](#)

The Advisory Committee on Immunization Practices recommends annual influenza vaccination for all health care personnel (HCP) to reduce influenza-related morbidity and mortality among both HCP and their patients and to decrease absenteeism among HCP (1–5). To estimate influenza vaccination coverage among U.S. HCP for the 2014–15 influenza season, CDC conducted an opt-in Internet panel survey of 1,914 HCP during March 31–April 15, 2015.

**Overall, 77.3% of HCP survey participants reported receiving an influenza vaccination during the 2014–15 season, similar to the 75.2% coverage among HCP reported for the 2013–14 season (6). Vaccination coverage was highest among HCP working in hospitals (90.4%) and lowest among HCP working in long-term care (LTC) settings (63.9%).** By occupation, coverage was highest among pharmacists (95.3%) and lowest among assistants and aides (64.4%). Influenza vaccination coverage was highest among HCP who were required by their employer to be vaccinated (96.0%). Among HCP without an employer requirement for vaccination, coverage was higher for HCP working in settings where vaccination was offered on-site at no cost for 1 day (73.6%) or multiple days (83.9%) and lowest among HCP working in settings where vaccine was neither required, promoted, nor offered on-site (44.0%). Comprehensive vaccination strategies that include making vaccine available at no cost at the workplace along with active promotion of vaccination might help increase vaccination coverage among HCP and reduce the risk for influenza to HCP and their patients (1,6,7).

:: [Influenza Vaccination Coverage Among Pregnant Women — United States, 2014–15 Influenza Season](#)

:: [Clinical Inquiries Received by CDC Regarding Suspected Ebola Virus Disease in Children — United States, July 9, 2014–January 4, 2015](#)

:: [Update: Influenza Activity — United States and Worldwide, May 24–September 5, 2015](#)

:: [Announcement: Available Online: Final 2014–15 Influenza Vaccination Coverage Estimates for Selected Local Areas, States, and the United States](#)

**ACIP Meeting – October 21, 2015 [one-day meeting]**

[October 21, 2015\[2 pages\]](#) Draft Agenda - September 9, 2015

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**Initiatives/Announcements/Milestones**

**Gavi** [to 19 September 2015]

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

**[IFFIm issues second Sukuk, raising US\\$ 200 million](#)**



17 September 2015

Funding to support immunisation of children in the poorest countries through Gavi.

### **NFID Announces Recipients of Prestigious 2016 Awards**

Bethesda, MD (September 8, 2015) - The National Foundation for Infectious Diseases (NFID) has selected Robert E. Black, MD, MPH as recipient of the 2016 Jimmy and Rosalynn Carter Humanitarian Award, Diane E. Griffin, MD, PhD as recipient of the 2016 Maxwell Finland Award for Scientific Achievement and Larry K. Pickering, MD as recipient of the 2016 John P. Utz Leadership Award.

In recognition of his contributions as a world leading public health scientist and his lifetime contribution to improving the health of children in the developing world. NFID has selected Robert E. Black, MD, MPH to receive the 2016 Jimmy and Rosalynn Carter Humanitarian Award...

...Larry K. Pickering, MD has been selected to receive the 2016 John P. Utz Leadership Award in recognition of his outstanding leadership skills demonstrated at the Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and the Advisory Committee on Immunization Practices (ACIP), as well as key leadership roles at NFID.

The award was established in honor of the late John P. Utz, MD, one of NFID's original founders.

### **European Vaccine Initiative** [to 19 September 2015]

<http://www.euvaccine.eu/news-events>

#### **Call for EC Funded Commissioned Research**

17 September 2015

*Commissioned research for European Small and Medium size Enterprises (SME) and Public Health Organizations.*

The ADITEC project is looking to support SMEs and public health organizations from within or outside the ADITEC consortium in vaccine development work that will result in public health benefit. We are actively seeking research proposals clearly aimed at vaccine development, where specific support can be requested in the areas listed below. These services are offered by current ADITEC consortium partners and are available free of charge to the requesting SME or public health organization, upon approval of the proposal.

Deadline: 30 October 2015 5:00 p.m. CET

### **UNAIDS** [to 19 September 2015]

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

#### **UN-Habitat and UNAIDS call for renewed efforts to address HIV in urban areas**

NAIROBI/GENEVA, 18 September 2015—A new report by UN-Habitat and UNAIDS urges cities to do more to respond to HIV epidemics in urban areas. The report outlines that cities and urban areas are particularly affected by HIV, with the 200 cities most affected by the epidemic estimated to account for more than a quarter of all people living with HIV around the world.

The report, *Ending the urban AIDS epidemic*, was launched in Nairobi, Kenya, by the Executive Director of UN-Habitat, Joan Clos, and the Executive Director of UNAIDS, Michel Sidibé. It



reveals that in many countries, rapidly growing cities are home to more than half of all people living with HIV and that many are facing challenges in ensuring access to HIV services.

“Although cities often have resources, viable health systems and the capacity for innovation and service delivery, they sometimes struggle to design and implement focused, effective and rights-based AIDS responses, often leaving behind the most vulnerable and marginalized populations,” said Mr Clos. “Cities are central to bringing a paradigm shift to the AIDS response—a concerted move towards shared responsibility between national and city authorities and community-based organizations in support of local leadership and local evidence to transform the social, political and economic determinants of HIV risk and vulnerability.”

The report highlights that city leaders have a unique opportunity to seize the dynamism, innovation and transformative force of the AIDS response to not only expand HIV services in cities but also address other urban challenges, including social exclusion, inequality and extreme poverty.

“Cities can lead change,” said Mr Sidibé. “As centres for innovation, cities can broker broad partnerships and use their vast resources to provide an inclusive, effective response to HIV based on evidence and grounded in human rights—to leave no one behind.”

In almost half (94) of the 200 cities most affected, HIV is transmitted mainly through unprotected heterosexual sex. In the remaining 106 cities, sex work, unprotected sex between men and injecting drug use are the main drivers of the epidemics. In the Asia–Pacific region, about 25% of all people living with HIV are estimated to reside in 31 major cities, while in western and central Europe, an estimated 60% of all people living with HIV reside in just 20 cities.

According to the new report, data from 30 countries that have conducted nationally representative household-based population surveys show that HIV prevalence among people 15–49 years old living in urban areas is higher than among those living in rural areas in most countries.

Even in countries that are still predominantly rural, cities are often home to disproportionate numbers of people living with HIV. For example, urban areas account for only 18% of Ethiopia’s population but for almost 60% of people living with HIV nationally.

The report outlines the need for cities to establish renewed efforts for an urban health approach that serves the evolving needs of cities and the people who live and work within them. It adds that these measures would help reach the UNAIDS Fast-Track Targets to end the AIDS epidemic as a global health threat by 2030.

The UNAIDS Fast-Track approach requires rapidly scaling up and focusing the implementation and delivery of proven, high-impact HIV prevention and treatment services: an approach that increasingly relies on urban leadership.

A number of countries have introduced specific legislation, national policies or strategies to respond to the needs of people living with and affected by HIV. However many countries

continue to lag behind in allocating adequate resources and implementing inclusive and urban-friendly HIV programmes.

**UNICEF** [to 19 September 2015]

[http://www.unicef.org/media/media\\_78364.html](http://www.unicef.org/media/media_78364.html)

**Progress made but more to be done to ensure all children are born free of HIV & syphilis in Asia-Pacific: UN**

BANGKOK, Thailand, 14 September 2015 - The Asia-Pacific region has made significant progress in efforts to eliminate HIV and syphilis, but thousands of mothers and children have yet to feel the benefits.

**NIH** [to 19 September 2015]

<http://www.nih.gov/news/releases.htm>

**NIH framework points the way forward for building national, large-scale research cohort, a key component of the President's Precision Medicine Initiative**

September 17, 2015 — Effort is a key component of the President's Precision Medicine Initiative.

**PATH** [to 19 September 2015]

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

*Press release* | September 17, 2015

**Seattle Children's, PATH, and the UW School of Dentistry nominated for \$250,000 award to fund research and development of lifesaving device for infants who can't nurse**

The Neonatal Intuitive Feeding Technology (NIFTY™ cup) has the potential to save or improve the lives of millions of infants in low-resource settings who are unable to breastfeed

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**BMGF - Gates Foundation** [to 19 September 2015]

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

*No new digest content identified.*

**Global Fund** [to 19 September 2015]

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

*No new digest content identified.*

**Aeras** [to 19 September 2015]

<http://www.aeras.org/pressreleases>

*No new digest content identified*

**IAVI** International AIDS Vaccine Initiative [to 19 September 2015]

<http://www.iavi.org/press-releases/2015>

*No new digest content identified*

**IVI** [to 19 September 2015]  
<http://www.ivi.org/web/www/home>  
*No new digest content identified*

**Sabin Vaccine Institute** [to 19 September 2015]  
<http://www.sabin.org/updates/pressreleases>

**FDA** [to 19 September 2015]  
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>  
*No new digest content identified*

**European Medicines Agency** [to 19 September 2015]  
<http://www.ema.europa.eu/ema/>  
*No new digest content identified*

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**[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](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)

**[MDG Gap Task Force Report 2015: Taking Stock of the Global Partnership for Development](#)**

18 September 2015 :: 92 pages

ISBN: 978-92-1-101317-7

Pdf – Full report/English:

[http://www.un.org/en/development/desa/policy/mdg\\_gap/mdg\\_gap2015/2015GAP\\_FULLREPORT\\_EN.pdf](http://www.un.org/en/development/desa/policy/mdg_gap/mdg_gap2015/2015GAP_FULLREPORT_EN.pdf)

*Overview*

The 2015 Report continues to monitor the five core domains of the Global Partnership for Development, namely, official development assistance (ODA), market access (trade), debt sustainability, access to affordable essential medicines and access to new technologies, as prescribed by MDG 8. This year marks the last of the series of this monitoring process with a closing report tracking 15 years of the global partnership for development. As has been reported throughout the monitoring process, there have been significant positive developments pointing to an effective international partnership in the five domains, but several deficits in development cooperation have continuously highlighted the need for a rejuvenation of the global partnership for development.

The report finds that ODA increased substantially over the MDG period, although ODA to LDCs has declined in recent years. Additionally, global trade of goods and services expanded significantly over the last fifteen years to more than USD20 trillion, with improved levels of participation by developing countries. However, a key challenge of MDG 8 has been the failure of the international community to conclude the Doha Development Round after 13 years of negotiation. This failure has had ramifications for the potential of trade as an enabler of economic growth and development.

Debt relief initiatives have alleviated debt burdens of many developing countries, but the need for enhanced policies towards debt crisis prevention and resolution remains to address the concerns of other vulnerable countries whose debt problems remain unresolved.

Monitoring studies on access to affordable essential medicines have repeatedly shown that, in general, access remains insufficient and, in particular, that generic medicines are significantly less available in public health facilities than in private health facilities.

Finally, the report notes that access to new technologies, in particular information and communication technologies has grown tremendously since 2000 but these impressive gains observed during the MDG era continue to be marred by a digital divide between developed and developing countries.

### **WHO/UNICEF report: Malaria MDG target achieved amid sharp drop in cases and mortality, but 3 billion people remain at risk**

*Joint WHO/UNICEF news release*

17 September 2015 | London - Malaria death rates have plunged by 60% since 2000, translating into 6.2 million lives saved, the vast majority of them children, according to a joint WHO-UNICEF report released today.

The report – “Achieving the malaria MDG target” – shows that the malaria MDG target to “have halted and begun to reverse the incidence” of malaria by 2015, has been met “convincingly”, with new malaria cases dropping by 37% in 15 years.

“Global malaria control is one of the great public health success stories of the past 15 years,” said Dr. Margaret Chan, Director-General of WHO. “It’s a sign that our strategies are on target, and that we can beat this ancient killer, which still claims hundreds of thousands of lives, mostly children, each year.”

An increasing number of countries are on the verge of eliminating malaria. In 2014, 13 countries reported zero cases of the disease and 6 countries reported fewer than 10 cases. The fastest decreases were seen in the Caucasus and Central Asia, which reported zero cases in 2014, and in Eastern Asia.

*Journey not over*

Despite tremendous progress, malaria remains an acute public health problem in many regions. In 2015 alone, there were an estimated 214 million new cases of malaria, and approximately 438 000 people died of this preventable and treatable disease. About 3.2 billion people – almost half of the world’s population – are at risk of malaria.

Some countries continue to carry a disproportionately high share of the global malaria burden. Fifteen countries, mainly in sub-Saharan Africa, accounted for 80% of malaria cases and 78% of deaths globally in 2015.

Children under 5 account for more than two-thirds of all deaths associated with malaria. Between 2000 and 2015, the under 5 malaria death rate fell by 65% or an estimated 5.9 million child lives saved.

"Malaria kills mostly young children, especially those living in the poorest and most remote places. So the best way to celebrate global progress in the fight against it is to recommit ourselves to reaching and treating them," said UNICEF Executive Director Anthony Lake. "We know how to prevent and treat malaria. Since we can do it, we must."

### *A surge in funding – but not enough*

Global bi-lateral and multi-lateral funding for malaria has increased 20-fold since 2000. Domestic investments within malaria-affected countries have also increased year by year. A number of donor governments have made the fight against malaria a high global health priority. In the United States of America, the President's Malaria Initiative has mobilized hundreds of millions of dollars for treatment and prevention, while the government of the United Kingdom tripled its funding for malaria control between 2008 and 2015.

Many governments have also channeled their investments through the Global Fund to Fight AIDS, Tuberculosis and Malaria, or directly to countries.

"A healthy, prosperous world is in all our interests and the prevention of deadly diseases is one of the smartest investments we can make." said the Rt. Hon. Justine Greening, Secretary of State for International Development of the United Kingdom. "That is why, working with malaria-affected countries and partners like the Global Fund, Britain will continue to provide bednets to millions, tackle resistance to life saving medicines and insecticides, and boost health systems across Africa to help bring an end to this terrible disease."

The surge in funding has led to an unprecedented expansion in the delivery of core interventions across sub-Saharan Africa. Since 2000, approximately 1 billion insecticide-treated bednets (ITNs) have been distributed in Africa. The increased use of rapid diagnostic tests (RDTs) has made it easier to distinguish between malarial and non-malarial fevers, enabling timely and appropriate treatment. Artemisinin-based combination therapies (ACTs) are highly effective against *Plasmodium falciparum*, the most prevalent and lethal malaria parasite affecting humans, but drug resistance is a looming threat which must be prevented. New research demonstrates the impact of core interventions

New research from the Malaria Atlas Project – a WHO Collaborating Centre based at the University of Oxford – shows that ITNs have been by "far the most important intervention" across Africa, accounting for an estimated 68% of malaria cases prevented since 2000. ACTs and indoor residual spraying contributed to 22% and 10% of cases prevented, respectively. The research, published yesterday in the journal *Nature*, provides strong support for increasing access to these core interventions in post-2015 malaria control strategies.

### *The way forward*

In May 2015, the World Health Assembly adopted the WHO Global Technical Strategy for Malaria – a new 15-year road map for malaria control. The strategy aims at a further 90% reduction in global malaria incidence and mortality by 2030.

The WHO-UNICEF report notes that these targets can only be achieved with political will, country leadership and significantly increased investment. Annual funding for malaria will need to triple – from US\$ 2.7 billion today to US\$ 8.7 billion in 2030.

*Other key findings from the report*

- :: In 2015, 89% of all malaria cases and 91% of deaths were in sub-Saharan Africa. Of the 106 countries and territories with malaria transmission in 2000, 102 are projected to reverse the incidence of malaria by the end of 2015.
- :: Between 2000 and 2015, the proportion of children under 5 sleeping under an ITN in sub-Saharan Africa increased from less than 2% to an estimated 68%.
- :: 1 in 4 children in sub-Saharan Africa still lives in a household with no ITN and no protection provided by indoor residual spraying.
- :: In 2015, only an estimated 13% of children with a fever in sub-Saharan Africa received an ACT.

**USAID: Annual Progress Report To Congress: Global Health Programs FY 2014**

September 2015 :: 46 pages

*[Excerpt p. 11]*

**PROTECTING THROUGH IMMUNIZATION**

*IMMUNIZATION IS AMONG THE MOST COST-EFFECTIVE INTERVENTIONS FOR CHILDREN TO SURVIVE THE MOST PERILOUS PERIOD OF LIFE, BEFORE TURNING ONE, WHEN IMMUNE SYSTEMS ARE NOT FULLY DEVELOPED . VACCINES AVERT AN ESTIMATED 2 TO 3 MILLION DEATHS EACH YEAR .*

Smallpox killed some 300 million people in the 20th century alone before it was eradicated in 1979. Before widespread immunization, measles caused 2.6 million deaths each year.

Sixty years ago, polio was one of the most feared diseases in the U.S. Today, polio is closer to being eradicated than ever before—only 359 cases were reported in 2014, and more than 10 million cases of childhood paralysis have been prevented. The U.S. has been working with the Global Polio Eradication Initiative since the beginning of this effort.

Today, we vaccinate children to prevent diphtheria, hepatitis B, measles, mumps, pertussis, pneumonia, polio, rotavirus, rubella and tetanus.

Despite global coverage at 83%, nearly 22 million infants worldwide are still not receiving basic vaccines. This estimate masks inequalities between and among countries. To help ensure that children do not die of vaccine-preventable diseases, USAID is working to strengthen routine immunization systems in the 24 priority countries.

Immunization is central to the strategy to end preventable child and maternal deaths. USAID works with partners around the world including national governments, UNICEF, WHO, Gavi, and others to extend access to life-saving vaccines. Strong direct support for Gavi and complementary technical assistance at the country level, predominantly through investing in

immunization systems, strengthens local capacity to vaccinate effectively at scale. USAID's work on immunizations focuses on three priority actions: *Work through and with Gavi; Strengthen Country-Level Immunization Systems; Eradicate Polio Globally...*

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\* \* \* \*

### **Journal Watch**

*Vaccines and Global Health: The Week in Review* continues its weekly scanning of key peer-reviewed journals to identify and cite articles, commentary and editorials, books reviews and other content supporting our focus on vaccine ethics and policy. **Journal Watch is not intended to be exhaustive, but indicative of themes and issues the Center is actively tracking.** We selectively provide full text of some editorial and comment articles that are specifically relevant to our work. Successful access to some of the links provided may require subscription or other access arrangement unique to the publisher.

*If you would like to suggest other journal titles to include in this service, please contact David Curry at: [david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

### **The American Journal of Bioethics**

Volume 15, Issue 9, 2015

<http://www.tandfonline.com/toc/uajb20/current>

[Reviewed earlier]

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

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

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

[Reviewed earlier]

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

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

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

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

Edited by Robert J. McNellis, Susan J. Curry

[Reviewed earlier]

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

Volume 105, Issue 9 (September 2015)

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

[Reviewed earlier]



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

September 2015; 93 (3)

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

[Reviewed earlier]

## **Annals of Internal Medicine**

15 September 2015, Vol. 163. No. 6

<http://annals.org/issue.aspx>

Research and Reporting Methods | 15 September 2015

### **[Good Publication Practice for Communicating Company-Sponsored Medical Research: GPP3](#)**

FREE

Wendy P. Battisti, PhD; Elizabeth Wager, PhD; Lise Baltzer; Dan Bridges, PhD; Angela Cairns; Christopher I. Carswell, MSc; Leslie Citrome, MD, MPH; James A. Gurr, PhD; LaVerne A. Mooney, DrPH; B. Jane Moore, MS; Teresa Peña, PhD; Carol H. Sanes-Miller, MS; Keith Veitch, PhD; Karen L. Woolley, PhD; and Yvonne E. Yarker, PhD

#### Article, Author, and Disclosure Information

Ann Intern Med. 2015;163(6):461-464. doi:10.7326/M15-0288

#### *Abstract*

This updated Good Publication Practice (GPP) guideline, known as GPP3, builds on earlier versions and provides recommendations for individuals and organizations that contribute to the publication of research results sponsored or supported by pharmaceutical, medical device, diagnostics, and biotechnology companies. The recommendations are designed to help individuals and organizations maintain ethical and transparent publication practices and comply with legal and regulatory requirements. These recommendations cover publications in peer-reviewed journals and presentations (oral or poster) at scientific congresses. The International Society for Medical Publication Professionals invited more than 3000 professionals worldwide to apply for a position on the steering committee, or as a reviewer, for this guideline. The GPP2 authors reviewed all applications (n = 241) and assembled an 18-member steering committee that represented 7 countries and a diversity of publication professions and institutions. From the 174 selected reviewers, 94 sent comments on the second draft, which steering committee members incorporated after discussion and consensus.

The resulting guideline includes new sections (Principles of Good Publication Practice for Company-Sponsored Medical Research, Data Sharing, Studies That Should Be Published, and Plagiarism), expands guidance on the International Committee of Medical Journal Editors' authorship criteria and common authorship issues, improves clarity on appropriate author payment and reimbursement, and expands information on the role of medical writers. By following good publication practices (including GPP3), individuals and organizations will show integrity; accountability; and responsibility for accurate, complete, and transparent reporting in their publications and presentations...

## **BMC Health Services Research**

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

(Accessed 19 September 2015)

*Research article*

## **Challenges in the provision of healthcare services for migrants: a systematic review through providers' lens**

Rapeepong Suphanchaimat, Kanang Kantamaturapoj, Weerasak Putthasri, Phusit Prakongsai  
BMC Health Services Research 2015, 15:390 (17 September 2015)

### *Abstract*

#### Background

In recent years, cross-border migration has gained significant attention in high-level policy dialogues in numerous countries. While there exists some literature describing the health status of migrants, and exploring migrants' perceptions of service utilisation in receiving countries, there is still little evidence that examines the issue of health services for migrants through the lens of providers. This study therefore aims to systematically review the latest literature, which investigated perceptions and attitudes of healthcare providers in managing care for migrants, as well as examining the challenges and barriers faced in their practices.

#### Methods

A systematic review was performed by gathering evidence from three main online databases: Medline, Embase and Scopus, plus a purposive search from the World Health Organization's website and grey literature sources. The articles, published in English since 2000, were reviewed according to the following topics: (1) how healthcare providers interacted with individual migrant patients, (2) how workplace factors shaped services for migrants, and (3) how the external environment, specifically laws and professional norms influenced their practices. Key message of the articles were analysed by thematic analysis.

#### Results

Thirty seven articles were recruited for the final review. Key findings of the selected articles were synthesised and presented in the data extraction form. Quality of retrieved articles varied substantially. Almost all the selected articles had congruent findings regarding language and cultural challenges, and a lack of knowledge of a host country's health system amongst migrant patients. Most respondents expressed concerns over in-house constraints resulting from heavy workloads and the inadequacy of human resources. Professional norms strongly influenced the behaviours and attitudes of healthcare providers despite conflicting with laws that limited right to health services access for illegal migrants.

#### Discussion

The perceptions, attitudes and practices of practitioners in the provision of healthcare services for migrants were mainly influenced by: (1) diverse cultural beliefs and language differences, (2) limited institutional capacity, in terms of time and/or resource constraints, (3) the contradiction between professional ethics and laws that limited migrants' right to health care. Nevertheless, healthcare providers addressed such problems by partially ignoring the immigrants' precarious legal status, and using numerous tactics, including seeking help from civil society groups, to support their clinical practice.

#### Conclusion

It was evident that healthcare providers faced several challenges in managing care for migrants, which included not only language and cultural barriers, but also resource constraints within their workplaces, and disharmony between the law and their professional norms. Further studies, which explore health care management for migrants in countries with different health insurance models, are recommended.

### *Research article*

## **A systematic review of social, economic and diplomatic aspects of short-term medical missions**

Paul Caldron, Ann Impens, Milena Pavlova, Wim Groot BMC Health Services Research 2015, 15:380 (15 September 2015)

### *Abstract*

#### Background

Short-term medical missions (STMMs) represent a grass-roots form of aid, transferring medical services rather than funds or equipment. The objective of this paper is to review empirical studies on social, economic and diplomatic aspects of STMMs.

#### Methods

A systematic literature review was conducted by searching PubMed and EBSCOhost for articles published from 1947–2014 about medical missions to lower and middle income countries (LMICs). Publications focused on military, disaster and dental service trips were excluded. A data extraction process was used to identify publications relevant to our objective stated above.

#### Results

PubMed and EBSCOhost searches provided 4138 and 3262 articles respectively for review. Most articles that provide useful information have appeared in the current millennium and are found in focused surgical journals. Little attention is paid to aspects of volunteerism, altruism and philanthropy related to STMM activity in the literature reviewed (1 article). Evidence of professionalization remains scarce, although elements including guidelines and tactical instructions have been emerging (27 articles). Information on costs (10 articles) and commentary on the relevance of market forces (1 article) are limited. Analyses of spill-over effects, i.e., changing attitudes of physicians or their communities towards aid, and characterizations of STMMs as meaningful foreign aid or strategic diplomacy are few (4 articles).

#### Conclusions

The literature on key social, economic and diplomatic aspects of STMMs and their consequences is sparse. Guidelines, tactical instructions and attempts at outcome measures are emerging that may better professionalize the otherwise unregulated activity. A broader discussion of these key aspects may lead to improved accountability and intercultural professionalism to accompany medical professionalism in STMM activity.

## **BMC Infectious Diseases**

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

(Accessed 19 September 2015)

Research article

### **[Modeling the prevalence of immunodeficiency-associated long-term vaccine-derived poliovirus excretors and the potential benefits of antiviral drugs](#)**

Radboud Duintjer Tebbens, Mark Pallansch, Kimberly Thompson BMC Infectious Diseases 2015, 15:379 (17 September 2015)

### Abstract

#### Background

A small number of individuals with B-cell-related primary immunodeficiency diseases (PIDs) may exhibit long-term (prolonged or chronic) excretion of immunodeficiency-associated vaccine-derived polioviruses (iVDPVs) following infection with oral poliovirus vaccine (OPV). These individuals pose a risk of live poliovirus reintroduction into the population after global wild poliovirus eradication and subsequent OPV cessation. Treatment with polio antiviral drugs may potentially stop excretion in some of these individuals and thus may reduce the future population risk.

## Methods

We developed a discrete event simulation model to characterize the global prevalence of long-term iVDPV excretors based on the best available evidence. We explored the impact of different assumptions about the effectiveness of polio antiviral drugs and the fraction of long-term excretors identified and treated.

## Results

Due to the rarity of long-term iVDPV excretion and limited data on the survival of PID patients in developing countries, uncertainty remains about the current and future prevalence of long-term iVDPV excretors. While the model suggests only approximately 30 current excretors globally and a rapid decrease after OPV cessation, most of these excrete asymptotically and remain undetected. The possibility that one or more PID patients may continue to excrete iVDPVs for several years after OPV cessation represents a risk for reintroduction of live polioviruses after OPV cessation, particularly for middle-income countries. With the effectiveness of a single polio antiviral drug possibly as low as 40 % and no system in place to identify and treat asymptomatic excretors, the impact of passive use of a single polio antiviral drug to treat identified excretors appears limited. Higher drug effectiveness and active efforts to identify long-term excretors will dramatically increase the benefits of polio antiviral drugs.

## Conclusions

Efforts to develop a second polio antiviral compound to increase polio antiviral effectiveness and/or to maximize the identification and treatment of affected individuals represent important risk management opportunities for the polio endgame. Better data on the survival of PID patients in developing countries and more longitudinal data on their exposure to and recovery from OPV infections would improve our understanding of the risks associated with iVDPV excretors and the benefits of further investments in polio antiviral drugs.

## *Research article*

### **[The differential impact of oral poliovirus vaccine formulation choices on serotype-specific population immunity to poliovirus transmission](#)**

Kimberly Thompson, Radboud Duintjer Tebbens BMC Infectious Diseases 2015, 15:376 (17 September 2015)

## *Abstract*

### Background

Prior analyses demonstrated the need for some countries and the Global Polio Eradication Initiative (GPEI) to conduct additional supplemental immunization activities (SIAs) with trivalent oral poliovirus vaccine (tOPV) prior to globally-coordinated cessation of all serotype 2-containing OPV (OPV2 cessation) to prevent the creation of serotype 2 circulating vaccine-derived poliovirus (cVDPV2) outbreaks after OPV2 cessation. The GPEI continues to focus on achieving and ensuring interruption of wild poliovirus serotype 1 (WPV1) and making vaccine choices that prioritize bivalent OPV (bOPV) for SIAs, nominally to increase population immunity to serotype 1, despite an aggressive timeline for OPV2 cessation.

### Methods

We use an existing dynamic poliovirus transmission model of northwest Nigeria and an integrated global model for long-term poliovirus risk management to explore the impact of tOPV vs. bOPV vaccine choices on population immunity and cVDPV2 risks.

### Results

Using tOPV instead of bOPV for SIAs leads to a minimal decrease in population immunity to transmission of serotypes 1 and 3 polioviruses, but a significantly higher population immunity to transmission of serotype 2 polioviruses. Failure to use tOPV in enough SIAs results in cVDPV2

emergence after OPV2 cessation in both the northwest Nigeria model and the global model. Despite perceptions to the contrary, prioritizing the use of bOPV over tOPV prior to OPV2 cessation does not significantly improve serotype 1 population immunity to transmission.

#### Conclusions

Immunization leaders need to focus on all three poliovirus serotypes to appropriately manage the risks of OPV cessation in the polio endgame. Focusing on population immunity to transmission to interrupt WPV1 transmission and manage pre-OPV cessation risks of cVDPVs, all countries performing poliovirus SIAs should use tOPV up until the time of OPV2 cessation, after which time they should continue to use the OPV vaccine formulation with all remaining serotypes until coordinated global cessation of those serotypes.

#### *Research article*

### **[Health and economic consequences of different options for timing the coordinated global cessation of the three oral poliovirus vaccine serotypes](#)**

Kimberly Thompson, Radboud Duintjer Tebbens BMC Infectious Diseases 2015, 15:374 (17 September 2015)

#### *Abstract*

##### Background

World leaders remain committed to globally-coordinated oral poliovirus vaccine (OPV) cessation following successful eradication of wild polioviruses, but the best timing and strategy for implementation depend on existing and emerging conditions.

##### Methods

Using an existing integrated global poliovirus risk management model, we explore alternatives to the current timing plan of coordinated cessation of each OPV serotype (i.e., OPV1, OPV2, and OPV3 cessation for serotypes 1, 2, and 3, respectively). We assume the current timing plan involves OPV2 cessation in 2016 followed by OPV1 and OPV3 cessation in 2019 and we compare this to alternative timing options, including cessation of all three serotypes in 2018 or 2019, and cessation of both OPV2 and OPV3 in 2017 followed by OPV1 in 2019.

##### Results

If Supplemental Immunization Activity frequency remains sufficiently high through cessation of the last OPV serotype, then all OPV cessation timing options prevent circulating vaccine-derived poliovirus (cVDPV) outbreaks after OPV cessation of any serotype. The various OPV cessation timing options result in relatively modest differences in expected vaccine-associated paralytic poliomyelitis cases and expected total of approximately 10–13 billion polio vaccine doses used. However, the expected amounts of vaccine of different OPV formulations needed changes dramatically with each OPV cessation timing option. Overall health economic impacts remain limited for timing options that only change the OPV formulation but preserve the currently planned year for cessation of the last OPV serotype and the global introduction of inactivated poliovirus vaccine (IPV) introduction. Earlier cessation of the last OPV serotype or later global IPV introduction yield approximately \$1 billion in incremental net benefits due to saved vaccination costs, although the logistics of implementation of OPV cessation remain uncertain and challenging.

##### Conclusions

All countries should maintain the highest possible levels of population immunity to transmission for each poliovirus serotype prior to the coordinated cessation of the OPV serotype to manage cVDPV risks. If OPV2 cessation gets delayed, then global health leaders should consider other OPV cessation timing options.

*Research article*

**[Vaccination of boys or catch-up of girls above 11 years of age with the HPV-16/18 AS04-adjuvanted vaccine: where is the greatest benefit for cervical cancer prevention in Italy?](#)**

Paolo Bonanni, Giovanni Gabutti, Nadia Demarteau, Sara Boccalini, Giuseppe La Torre BMC Infectious Diseases 2015, 15:377 (17 September 2015)

**BMC Medical Ethics**

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

(Accessed 19 September 2015)

*Debate*

**[Ethical oversight in quality improvement and quality improvement research: new approaches to promote a learning health care system](#)**

Kevin Fiscella, Jonathan Tobin, Jennifer Carroll, Hua He, Gbenga Ogedegbe BMC Medical Ethics 2015, 16:63 (17 September 2015)

**BMC Pregnancy and Childbirth**

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

(Accessed 19 September 2015)

[No new relevant content identified]

**BMC Public Health**

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

(Accessed 19 September 2015)

*Research article*

**[Subjective health of undocumented migrants in Germany – a mixed methods approach](#)**

Anna Kuehne, Susann Huschke, Monika Bullinger BMC Public Health 2015, 15:926 (19 September 2015)

*Research article*

**[Experiencing 'pathologized presence and normalized absence'; understanding health related experiences and access to health care among Iraqi and Somali asylum seekers, refugees and persons without legal status](#)**

Mei Fang, Judith Sixsmith, Rebecca Lawthom, Ilana Mountian, Afifa Shahrin BMC Public Health 2015, 15:923 (19 September 2015)

*Research article*

**[Socioeconomic inequalities in non-communicable diseases and their risk factors: an overview of systematic reviews](#)**

Isolde Sommer, Ursula Griebler, Peter Mahlknecht, Kylie Thaler, Kathryn Bouskill, Gerald Gartlehner, Shanti Mendis BMC Public Health 2015, 15:914 (18 September 2015)

**BMC Research Notes**

<http://www.biomedcentral.com/bmcresnotes/content>  
(Accessed 19 September 2015)  
[No new relevant content identified]

### **BMJ Open**

2015, Volume 5, Issue 9  
<http://bmjopen.bmj.com/content/current>  
[Reviewed earlier]

### **British Medical Journal**

28 August 2015 (vol 351, issue 80254)  
<http://www.bmj.com/content/351/8025>  
[New issue; No relevant content identified]

### **Bulletin of the World Health Organization**

Volume 93, Number 9, September 2015, 589-664  
<http://www.who.int/bulletin/volumes/93/9/en/>  
[Reviewed earlier]

### **Clinical Infectious Diseases (CID)**

Volume 61 Issue 7 October 1, 2015  
<http://cid.oxfordjournals.org/content/current>  
[Reviewed earlier]

### **Clinical Therapeutics**

September 2015 Volume 37, Issue 9, p1873-2150  
<http://www.clinicaltherapeutics.com/current>  
[Reviewed earlier]

### **Complexity**

July/August 2015 Volume 20, Issue 6 Pages C1–C1, 1–97  
<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v20.6/issuetoc>  
[Reviewed earlier]

### **Conflict and Health**

<http://www.conflictandhealth.com/>  
[Accessed 19 September 2015]  
*Debate*

### **[Coincident polio and Ebola crises expose similar fault lines in the current global health regime](#)**

Calain P and Abu Sa'Da C Conflict and Health 2015, 9:29 (16 September 2015)



### **Contemporary Clinical Trials**

Volume 44, *In Progress* (September 2015)

<http://www.sciencedirect.com/science/journal/15517144/44>

[No new relevant content]

### **Cost Effectiveness and Resource Allocation**

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

(Accessed 19 September 2015)

[No new relevant content]

### **Current Opinion in Infectious Diseases**

October 2015 - Volume 28 - Issue 5 pp: v-vi,397-496

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

[Reviewed earlier]

### **Developing World Bioethics**

August 2015 Volume 15, Issue 2 Pages ii–iii, 59–114

<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc>

[Reviewed earlier]

### **Development in Practice**

Volume 25, Issue 7, 2015

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

*Articles*

#### **[Strengthening public health supply chains in Ethiopia: PEPFAR-supported expansion of access and availability](#)**

DOI:10.1080/09614524.2015.1069794

Daniel Tadesse\*, David Jamieson & Logan Cochrane

pages 1043-1056

Accepted: 22 Jun 2015

Published online: 02 Sep 2015

*Abstract*

When the US President's Emergency Plan for AIDS Relief (PEPFAR)-supported Supply Chain Management System (SCMS) programme began working in Ethiopia in 2006, the estimated population of people living with HIV exceeded one million, while only 24,000 were on treatment and only 50 treatment sites were in operation. SCMS and other key partners entered into this context to support the Ethiopian government in significantly strengthening the public health supply chain system, with the aim of increasing the availability and accessibility of pharmaceutical products. The country now has 1,047 treatment sites and is nearing complete treatment coverage. This article discusses how priorities were set among many competing challenges from 2006 until 2014, and how the four-step strategy of build, operate, transfer, and optimise has resulted in a successful partnership.

### **Emerging Infectious Diseases**

Volume 21, Number 9—September 2015

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

#### **THEME ISSUE – Emerging Infections Program**

[Reviewed earlier]

### **Epidemics**

Volume 13, *In Progress* (December 2015)

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

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 143 - Issue 14 - October 2015

<http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue>

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

[Reviewed earlier]

### **The European Journal of Public Health**

Volume 25, Issue 4, 19 September 2015

<http://eurpub.oxfordjournals.org/content/25/4>

[Reviewed earlier]

### **Eurosurveillance**

Volume 20, Issue 37, 17 September 2015

<http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678>

*Editorials*

#### **[From SARS to Ebola – 10 years of disease prevention and control at ECDC](#)**

A decade ago, the European Centre for Disease Prevention and Control (ECDC) appeared as a new player among international health organisations, with the mandate ‘to identify, assess and communicate current and emerging threats to human health from communicable diseases’ in the European Union (EU) [1]. As part of the ECDC 10-year anniversary celebrations, *Eurosurveillance* compiled a print issue with a selection of articles published over this period in the journal. The 10 articles, representing a year each, mark the organisation’s evolution and show its leadership and influence in the areas of its mandate...

### **Global Health: Science and Practice (GHSP)**

September 2015 | Volume 3 | Issue 3

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

*EDITORIALS*

#### **[Women’s Groups to Improve Maternal and Child Health Outcomes: Different Evidence Paradigms Toward Impact at Scale](#)**

The Care Group model, with relatively intensive international NGO implementation at moderate scale, appears successful in a wide variety of settings, as assessed by high-quality evaluation with rich program learning. Another women's group approach—Participatory Women's Groups—has also been implemented across various settings but at smaller scale and assessed using rigorous RCT methodology under controlled—but less naturalistic—conditions with generally, although not uniformly, positive results. Neither approach, as implemented to date, is directly applicable to large-scale integration into current public programs. Our challenge is to distill the elements of success across these approaches that empower women with knowledge, motivation, and increased self-efficacy—and to apply them in real-world programs at scale. *Glob Health Sci Pract* 2015;3(3):323-326. <http://dx.doi.org/10.9745/GHSP-D-15-00251>

#### *ORIGINAL ARTICLES*

##### **Care Groups I: An Innovative Community-Based Strategy for Improving Maternal, Neonatal, and Child Health in Resource-Constrained Settings**

Care Groups use volunteers to motivate mothers to adopt key MCH behaviors. The volunteers meet as a group every 2–4 weeks with a paid facilitator to learn new health promotion messages. Key ingredients of the approach include: peer-to-peer health promotion, selection of volunteers by the mothers, a manageable workload for the volunteers (no more than 15 households per volunteer), frequent (at least monthly) contact between volunteers and mothers, and regular supervision of the volunteers.

Henry Perry, Melanie Morrow, Sarah Borger, Jennifer Weiss, Mary DeCoster, Thomas Davis, Pieter Ernst

*Glob Health Sci Pract* 2015;3(3):358-369. <http://dx.doi.org/10.9745/GHSP-D-15-00051>

##### **Care Groups II: A Summary of the Child Survival Outcomes Achieved Using Volunteer Community Health Workers in Resource-Constrained Settings**

Care Group projects resulted in high levels of healthy behavior, including use of oral rehydration therapy, bed nets, and health care services. Accordingly, under-5 mortality in Care Group areas declined by an estimated 32% compared with 11% in areas with child survival projects not using Care Groups.

Henry Perry, Melanie Morrow, Thomas Davis, Sarah Borger, Jennifer Weiss, Mary DeCoster, Jim Ricca, Pieter Ernst

*Glob Health Sci Pract* 2015;3(3):370-381. <http://dx.doi.org/10.9745/GHSP-D-15-00052>

##### **Improved Reproductive Health Equity Between the Poor and the Rich: An Analysis of Trends in 46 Low- and Middle-Income Countries**

In light of advocacy efforts to reach the poorest with better health services, an examination of recent history reveals that overall the poor-rich gap in contraceptive use is already narrowing substantially, and more so where family planning programs are stronger. For most of 18 other reproductive health indicators, the gap is also narrowing. However, contraceptive use gaps in many sub-Saharan African countries have not diminished, calling for strong family planning program efforts to improve equity.

John Ross

*Glob Health Sci Pract* 2015;3(3):419-445. First published online September 7, 2015. <http://dx.doi.org/10.9745/GHSP-D-15-00124>

#### *INNOVATIONS*

### **[Remote Sensing of Vital Signs: A Wearable, Wireless "Band-Aid" Sensor With Personalized Analytics for Improved Ebola Patient Care and Worker Safety](#)**

This wireless sensor technology, currently being field-tested in an Ebola Treatment Unit in Sierra Leone, monitors multiple vital signs continuously and remotely. When connected with enhanced analytics software, it can discern changes in patients' status much more quickly and intelligently than conventional periodic monitoring, thus saving critical health care worker time and reducing exposure to pathogens.

Steven R Steinhubl, Mark P Marriott, Stephan W Wegerich

Glob Health Sci Pract 2015;3(3):516-519. <http://dx.doi.org/10.9745/GHSP-D-15-00189>

### **Global Health Governance**

<http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/>

[Accessed 19 September 2015]

[No new relevant content]

### **Global Public Health**

Volume 10, Issue 9, 2015

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

*Original Articles*

#### **[Cancer control capacity in 50 low- and middle-income countries](#)**

DOI:10.1080/17441692.2015.1007469

Rolando Camacho, Cecilia Sepúlveda, Diogo Neves, Marion Piñeros, Maria Villanueva, Jean-Marie Dangou, Ibtihal Fadhil, Gauden Galea, Renu Garg & Silvana Luciani

pages 1017-1031

#### **[Trust matters: A narrative literature review of the role of trust in health care systems in sub-Saharan Africa](#)**

DOI:10.1080/17441692.2015.1019538

Lise Rosendal Østergaard

pages 1046-1059

#### **[Grandmothers as gatekeepers? The role of grandmothers in influencing health-seeking for mothers and newborns in rural northern Ghana](#)**

DOI:10.1080/17441692.2014.1002413

Mira L. Gupta, Raymond Akawire Aborigo, Philip Baba Adongo, Sarah Rominski, Abraham Hodgson, Cyril M. Engmann & Cheryl A. Moyer

pages 1078-1091

### **Globalization and Health**

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

[Accessed 19 September 2015]

[No new content]

### **Health Affairs**

September 2015; Volume 34, Issue 9

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

**Issue Theme: Noncommunicable Diseases: The Growing Burden**

[Reviewed earlier]

**Health and Human Rights**

Volume 17, Issue 1 June 2015

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

***Special Section on Bioethics and the Right to Health***

in collaboration with the Dalla Lana School of Public Health, University of Toronto

[Reviewed earlier]

**Health Economics, Policy and Law**

Volume 10 - Special Issue 04 - October 2015

<http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue>

**SPECIAL ISSUE: 10th Anniversary Issue**

**Health Policy and Planning**

Volume 30 Issue 7 September 2015

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

[Reviewed earlier]

**Health Research Policy and Systems**

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

[Accessed 19 September 2015]

[No new content]

**Human Vaccines & Immunotherapeutics** (formerly Human Vaccines)

Volume 11, Issue 9, 2015

<http://www.tandfonline.com/toc/khvi20/current>

[Reviewed earlier]

**Humanitarian Exchange Magazine**

Issue 64 June 2015

<http://www.odihpn.org/humanitarian-exchange-magazine/issue-64>

[Reviewed earlier]

**Infectious Agents and Cancer**

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

[Accessed 19 September 2015]

[No new relevant content]

### **Infectious Diseases of Poverty**

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

[Accessed 19 September 2015]

[No new relevant content]

### **International Health**

Volume 7 Issue 19 September 2015

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

[Reviewed earlier]

### **International Journal of Epidemiology**

Volume 44 Issue 3 June 2015

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

[Reviewed earlier]

### **International Journal of Infectious Diseases**

September 2015 Volume 38, In Progress

[Reviewed earlier]

### **JAMA**

September 15, 2015, Vol 314, No. 11

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

*Viewpoint* / September 15, 2015

#### **[The Response to Ebola—Looking Back and Looking Ahead](#) **[The 2015 Lasker-Bloomberg Public Service Award](#)****

FREE

JAMA. 2015;314(11):1115-1116. doi:10.1001/jama.2015.11645.

The 2015 Lasker-Bloomberg Public Service Award is given to Médecins Sans Frontières/Doctors Without Borders (MSF) for its bold response and leadership in fighting the Ebola outbreak in Africa. This Viewpoint describes the challenges involved in responding to this outbreak and the importance of ongoing research and preparedness efforts.

*Viewpoint* | September 15, 2015

#### **[Vaccination and the Lasker Awards - Enduring Legacies](#)**

Anthony S. Fauci, MD1; David M. Morens, MD1; Hilary D. Marston, MD, MPH1

[Author Affiliations](#)

JAMA. 2015;314(11):1119-1120. doi:10.1001/jama.2015.9807.

Dr Fauci and coauthors discuss the Lasker Awards that have been granted to scientists for discoveries underlying vaccine development.

*Extract*

Since 1945, the Lasker Foundation has recognized research advances with the greatest potential to improve global human health.<sup>1</sup> Therefore, it is entirely fitting that vaccines, which

save millions of lives every year worldwide, should feature so prominently in the history of the awards. Many Lasker Awards have been granted to scientists for discoveries underlying vaccine development, from basic microbiology to specific vaccine design. More recently, public health practitioners have joined the ranks of their basic science counterparts as the Lasker Foundation has recognized facilitators of vaccine delivery to those most in need...

*Global Health*

**[Global Help for Post-Ebola Recovery in West Africa](#)**

M. J. Friedrich

**[Outcomes of HIV Vaccine Related to Genetic Variation](#)**

M. J. Friedrich

**[Poor Sanitation Practices Associated With Adverse Pregnancy Outcomes](#)**

M. J. Friedrich

**JAMA Pediatrics**

September 2015, Vol 169, No. 9

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

[Reviewed earlier]

**Journal of Community Health**

Volume 40, Issue 5, October 2015

<http://link.springer.com/journal/10900/40/4/page/1>

[New issue; No relevant content identified]

**Journal of Epidemiology & Community Health**

October 2015, Volume 69, Issue 10

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

[Reviewed earlier]

**Journal of Global Ethics**

Volume 11, Issue 2, 2015

<http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0l#.VAJEj2N4WF8>

[Reviewed earlier]

**Journal of Global Infectious Diseases (JGID)**

July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124

<http://www.jgid.org/currentissue.asp?sabs=n>

[Reviewed earlier]

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

Volume 26, Number 3, August 2015



[https://muse.jhu.edu/journals/journal\\_of\\_health\\_care\\_for\\_the\\_poor\\_and\\_underserved/toc/hpu.26.3.html](https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.3.html)

[Reviewed earlier]

### **Journal of Immigrant and Minority Health**

Volume 17, Issue 5, October 2015

<http://link.springer.com/journal/10903/17/4/page/1>

*Original paper*

#### **[Factors Associated with Healthcare Utilization Among Arab Immigrants and Iraqi Refugees](#)**

D. Elsouhag, B. Arnetz, H. Jamil, M. A. Lumley...

*Abstract*

Arab migrants—both immigrants and refugees—are exposed to pre- and post- migration stressors increasing their risk for health problems. Little is known, however, about rates of, or factors associated with, healthcare utilization among these two groups. A sample of 590 participants were interviewed approximately 1 year post-migration to the United States. Factors associated with healthcare utilization, including active and passive coping strategies, were examined using logistic regressions. Compared to national healthcare utilization data, immigrants had significantly lower, and refugees had significantly higher rates of healthcare utilization. Being a refugee, being married, and having health insurance were significantly associated with medical service utilization. Among refugees, less use of psychological services was associated with the use of medications and having problem-focused (active) strategies for dealing with stress. Healthcare utilization was significantly higher among refugees, who also reported a greater need for services than did immigrants

#### **[Does Integrated Care Affect Healthcare Utilization in Multi-problem Refugees?](#)**

Carol C. White, Craig A. Solid, James S. Hodges, Deborah H. Boehm\_

*Abstract*

A history of trauma is common in refugee populations and appropriate treatment is frequently avoided. Using a convenience sample of 64 patients in a Somali primary care clinic, a culture and trauma specific intervention was developed to address retention into appropriate treatment. One goal of the intervention was to improve the rate of engagement in psychotherapy after a mental health referral and to test the effect of psychotherapy on health care utilization using a staged primary care clinical tool. Forty-eight percent of patients given a mental health referral engaged in psychotherapy. Patients engaging in psychotherapy had higher baseline utilization and over 12 months trended towards less emergency room use and more primary care. Our findings suggest that the intervention improved referral and retention in mental health therapy for East African refugee women.

### **Journal of Immigrant & Refugee Studies**

Volume 13, Issue 3, 2015

<http://www.tandfonline.com/toc/wimm20/current#.VQS0KOFnBhW>

#### **Special Issue: Social Work and Migration in Europe**

#### **[\(Dis\)Empowering New Immigrants and Refugees Through Their Participation in Introduction Programs in Sweden, Denmark, and Norway](#)**

Ariana Guilherme Fernandes  
pages 245-264

**Journal of Infectious Diseases**

Volume 212 Issue 7 October 1, 2015  
<http://jid.oxfordjournals.org/content/current>  
[Reviewed earlier]

**The Journal of Law, Medicine & Ethics**

Summer 2015 Volume 43, Issue 2 Pages 174–430  
<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-1/issuetoc>  
***Special Issue: SYMPOSIUM: Intersections in Reproduction: Perspectives on Abortion and Assisted Reproductive Technologies***  
[Reviewed earlier]

**Journal of Medical Ethics**

September 2015, Volume 41, Issue 9  
<http://jme.bmj.com/content/current>  
[Reviewed earlier]

**Journal of Medical Internet Research**

Vol 17, No 5 (2015): May  
<http://www.jmir.org/2015/5>  
[Reviewed earlier]

**Journal of Medical Microbiology**

Volume 64, Issue 9, September 2015  
<http://jmm.sgmjournals.org/content/journal/jmm/64/9>  
[New issue; No relevant content identified]

**Journal of Patient-Centered Research and Reviews**

Volume 2, Issue 3 (2015)  
<http://digitalrepository.aurorahealthcare.org/jpcrr/>  
[Reviewed earlier]

**Journal of the Pediatric Infectious Diseases Society (JPIDS)**

Volume 4 Issue 3 September 2015  
<http://jpids.oxfordjournals.org/content/current>  
[Reviewed earlier]

### **Journal of Pediatrics**

October 2015 Volume 167, Issue 4 , Supplement, S1-S50

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

#### ***Recommended Iron Levels for Nutritional Formulas for Infants (0 – 12 months)***

Edited by Ronald E. Kleinman

### **Journal of Public Health Policy**

Volume 36, Issue 3 (August 2015)

<http://www.palgrave-journals.com/jphp/journal/v36/n3/index.html>

[Reviewed earlier]

### **Journal of the Royal Society – Interface**

06 August 2015; volume 12, issue 109

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

[Reviewed earlier]

### **Journal of Virology**

October 2015, volume 89, issue 19

<http://jvi.asm.org/content/current>

[New issue; No relevant content identified]

### **The Lancet**

Sep 19, 2015 Volume 386 Number 9999 p1109-1210 e9-e14

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

*Editorial*

#### **[Women are the key to sustainable development](#)**

The Lancet

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)00248-2](http://dx.doi.org/10.1016/S0140-6736(15)00248-2)

*Summary*

On Sept 25–27, UN member states will meet at the UN General Assembly in New York to adopt a new roadmap—17 Sustainable Development Goals (SDGs)—for progress to 2030. Goal 3 is dedicated to health and consists of nine main targets, including reductions in maternal and child mortality, substance misuse, and road traffic accidents. However, many other goals—eg, water and sanitation, poverty reduction, and climate change—are also health related. How can this ambitious agenda be achieved? A Lancet Commission published in today's issue has an answer: ensure women are healthy and have equity in all aspects of life.

*Comment*

#### **[A Lancet Commission on sexual and reproductive health and rights: going beyond the Sustainable Development Goals](#)**

Ann Starrs

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)00250-0](http://dx.doi.org/10.1016/S0140-6736(15)00250-0)

*Comment*

## **Promoting women's health for sustainable development**

Jim Yong Kim, Timothy Evans

Published Online: 04 June 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60942-4](http://dx.doi.org/10.1016/S0140-6736(15)60942-4)

### *Summary*

As the world reflects on the progress made in the two decades since the International Conference on Population and Development Programme of Action<sup>1</sup> and the Beijing Platform of Action<sup>2</sup> and prepares to adopt the Sustainable Development Goals, the report of the Lancet Commission on Women and Health<sup>3</sup> is a powerful reminder that much work remains to be done. The Commission's extensive review of the evidence and compelling synthesis should serve as an important reference point for policy makers and practitioners as they begin to implement the post-2015 development agenda.

### *Comment*

## **Valuing the health and contribution of women is central to global development**

Melinda Gates

Published Online: 04 June 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60940-0](http://dx.doi.org/10.1016/S0140-6736(15)60940-0)

### *Summary*

During my mother's four pregnancies, her health was viewed as a way to improve the wellbeing of her children. Between the time that my mother had her children and I had mine, more attention was paid to the health of women themselves—and particularly their survival. This concern with maternal health and survival, especially for women in low-income countries, led to the launch of the Safe Motherhood Initiative in 1987, the first global effort to focus the world's attention on maternal health. Since then, women's health has expanded to encompass sexual and reproductive health and, more recently, the complex interplay of factors throughout the life course, which are explored in the Lancet Commission on Women and Health.

### *The Lancet Commissions*

## **Women and Health: the key for sustainable development**

Dr [Ana Langer](#), MD, [Afaf Meleis](#), PhD, [Felicia M Knaul](#), PhD, [Rifat Atun](#), MBBS, [Meltem Aran](#), PhD, [Héctor Arreola-Ornelas](#), MS, [Zulfiqar A Bhutta](#), PhD, [Agnes Binagwaho](#), MMed [Ped], [Ruth Bonita](#), PhD, [Jacquelyn M Caglia](#), MPH, [Mariam Claeson](#), MD, [Justine Davies](#), MD, [France A Donnay](#), MD, [Jewel M Gausman](#), MHS, [Caroline Glickman](#), MIM, [Annie D Kearns](#), MS, [Tamil Kendall](#), PhD, [Rafael Lozano](#), MD, [Naomi Seboni](#), PhD, [Gita Sen](#), PhD, [Siriorn Sindhu](#), DNSc, [Miriam Temin](#), MS, [Julio Frenk](#), MD

Published Online: 04 June 2015

DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60497-4](http://dx.doi.org/10.1016/S0140-6736(15)60497-4)

### *Summary*

Girls' and women's health is in transition and, although some aspects of it have improved substantially in the past few decades, there are still important unmet needs. Population ageing and transformations in the social determinants of health have increased the coexistence of disease burdens related to reproductive health, nutrition, and infections, and the emerging epidemic of chronic and non-communicable diseases (NCDs). Simultaneously, worldwide priorities in women's health have themselves been changing from a narrow focus on maternal and child health to the broader framework of sexual and reproductive health and to the encompassing concept of women's health, which is founded on a life-course approach.

### **The Lancet Global Health**

Sep 2015 Volume 3 Number 9 e501-e576

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

[Reviewed earlier]

### **The Lancet Infectious Diseases**

Sep 2015 Volume 15 Number 9 p987-1114

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

[Reviewed earlier]

### **Maternal and Child Health Journal**

Volume 19, Issue 9, September 2015

<http://link.springer.com/journal/10995/19/9/page/1>

[Reviewed earlier]

### **Medical Decision Making (MDM)**

October 2015; 35 (7)

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

[New issue; No relevant content identified]

### **The Milbank Quarterly**

A Multidisciplinary Journal of Population Health and Health Policy

September 2015 Volume 93, Issue 3 Pages 447–649

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2015.93.issue-3/issuetoc>

*Op-Ed*

#### **[The Future of the World Health Organization: Lessons Learned From Ebola](#)**

LAWRENCE O. GOSTIN\*

Article first published online: 8 SEP 2015

DOI: 10.1111/1468-0009.12134

*Original Investigation*

#### **[The Institutional Effects of Incarceration: Spillovers From Criminal Justice to Health Care](#)**

JASON SCHNITTKER<sup>1,\*</sup>, CHRISTOPHER UGGEN<sup>2</sup>, SARAH K.S. SHANNON<sup>3</sup> and SUZY MAVES MCEL RATH<sup>2</sup>

Article first published online: 8 SEP 2015

DOI: 10.1111/1468-0009.12136

*Abstract*

Context

This study examines the spillover effects of growth in state-level incarceration rates on the functioning and quality of the US health care system.

Methods

Our multilevel approach first explored cross-sectional individual-level data on health care behavior merged to aggregate state-level data regarding incarceration. We then conducted an entirely aggregate-level analysis to address between-state heterogeneity and trends over time in health care access and utilization.

#### Findings

We found that individuals residing in states with a larger number of former prison inmates have diminished access to care, less access to specialists, less trust in physicians, and less satisfaction with the care they receive. These spillover effects are deep in that they affect even those least likely to be personally affected by incarceration, including the insured, those over 50, women, non-Hispanic whites, and those with incomes far exceeding the federal poverty threshold. These patterns likely reflect the burden of uncompensated care among former inmates, who have both a greater than average need for care and higher than average levels of uninsurance. State-level analyses solidify these claims. Increases in the number of former inmates are associated simultaneously with increases in the percentage of uninsured within a state and increases in emergency room use per capita, both net of controls for between-state heterogeneity.

#### Conclusions

Our analyses establish an intersection between systems of care and corrections, linked by inadequate financial and administrative mechanisms for delivering services to former inmates.

#### **Nature**

Volume 525 Number 7569 pp289-418 17 September 2015

[http://www.nature.com/nature/current\\_issue.html](http://www.nature.com/nature/current_issue.html)

[New issue; No relevant content identified]

#### **Nature Medicine**

September 2015, Volume 21 No 9 pp963-1101

<http://www.nature.com/nm/journal/v21/n9/index.html>

[Reviewed earlier]

#### **Nature Reviews Immunology**

September 2015 Vol 15 No 9

<http://www.nature.com/nri/journal/v15/n9/index.html>

[Reviewed earlier]

#### **New England Journal of Medicine**

September 17, 2015 Vol. 373 No. 12

<http://www.nejm.org/toc/nejm/medical-journal>

[New issue; No relevant content identified]

#### **Pediatrics**

September 2015, VOLUME 136 / ISSUE 3

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

[Reviewed earlier]

### **Pharmaceutics**

Volume 7, Issue 2 (June 2015), Pages 10-

<http://www.mdpi.com/1999-4923/7/2>

[Reviewed earlier]

### **Pharmacoeconomics**

Volume 33, Issue 9, September 2015

<http://link.springer.com/journal/40273/33/9/page/1> \

[Reviewed earlier]

### **PLOS Currents: Disasters**

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

[Accessed 19 September 2015]

#### **[Hospital Disaster Preparedness Tools: a Systematic Review](#)**

September 14, 2015 · [Research article](#)

Aim: Evaluating hospital disaster preparedness is one the best ways for hospital accreditation.

The aim of this study was to evaluate the quality of outcome measure that offer the level of measurement, reliability and validity that are known as the ' psychometric properties' of the current hospital disaster preparedness tools.

Methods: In total, 140 studies were retrieved. Studies which had been published from 2000 to 2014 and had used hospital disaster preparedness tools were appraised by using the PRISMA guideline. The content quality and the quality of the psychometric properties of the retrieved tools were assessed by using the World Health Organization Criteria for Hospital Preparedness as well as the COSMIN criteria.

Findings: Only 33 studies met the inclusion criteria. In total, eleven hospital disaster preparedness tools had been used in these 33 studies. These tools mainly focused on evaluating structural and non-structural aspects of hospital preparedness and paid little attention, if any, to the key functional aspect.

Conclusion: Given the paramount importance of evaluating hospital disaster preparedness and the weaknesses of current preparedness evaluation tools, valid and reliable tools should be developed by using experts' knowledge and experience through the processes of tool development and psychometric evaluation.

### **PLoS Currents: Outbreaks**

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

(Accessed 19 September 2015)

[No new content]

### **PLoS Medicine**

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

(Accessed 19 September 2015)

[No new relevant content identified]

### **PLoS Neglected Tropical Diseases**

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

(Accessed 19 September 2015)

[No new relevant content identified]

### **PLoS One**

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

[Accessed 19 September 2015]

#### **[Learning without Borders: A Review of the Implementation of Medical Error Reporting in Médecins Sans Frontières](#)**

Leslie Shanks, Karla Bil, Jena Fernhout

Research Article | published 18 Sep 2015 | PLOS ONE

10.1371/journal.pone.0137158

#### **[The Unrecognized Burden of Influenza in Young Kenyan Children, 2008-2012](#)**

Meredith L. McMorrow, Gideon O. Emukule, Henry N. Njuguna, Godfrey Bigogo, Joel M.

Montgomery, Bryan Nyawanda, Allan Audi, Robert F. Breiman, Mark A. Katz, Leonard Cosmas,

Lilian W. Waiboci, Jazmin Duque, Marc-Alain Widdowson, Joshua A. Mott

Research Article | published 17 Sep 2015 | PLOS ONE

10.1371/journal.pone.0138272

#### **[The Economics of Epidemic Diseases](#)**

Nicola Dimitri

Research Article | published 15 Sep 2015 | PLOS ONE

10.1371/journal.pone.0137964

### **PLoS Pathogens**

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

(Accessed 19 September 2015)

[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 19 September 2015)

[No new digest content identified]

### **Pneumonia**

Vol 6 (2015)

<https://pneumonia.org.au/index.php/pneumonia/issue/current>

[Reviewed earlier]



**Prehospital & Disaster Medicine**

Volume 30 - Issue 04 - August 2015

<https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue>

[Reviewed earlier]

**Preventive Medicine**

Volume 78, Pages 1-122 (September 2015)

<http://www.sciencedirect.com/science/journal/00917435/78>

[Reviewed earlier]

**Proceedings of the Royal Society B**

07 May 2015; volume 282, issue 1806

<http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y>[Reviewed earlier]

[Reviewed earlier]

**Public Health Ethics**

Volume 8 Issue 2 July 2015

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

***Special Symposium: Migrant Health***

[Reviewed earlier]

**Qualitative Health Research**

October 2015; 25 (10)

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

[Reviewed earlier]

**Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)**

June 2015 Vol. 37, No. 6

<http://www.paho.org/journal/>

[Reviewed earlier]

**Risk Analysis**

August 2015 Volume 35, Issue 8 Pages 1389–1592

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-8/issuetoc>

[Reviewed earlier]

**Science**

18 September 2015 vol 349, issue 6254, pages 1257-1408

<http://www.sciencemag.org/current.dtl>  
[New issue; No relevant content identified]

### **Social Science & Medicine**

Volume 140, Pages 1-146 (September 2015)  
<http://www.sciencedirect.com/science/journal/02779536/140>  
[Reviewed earlier]

### **Tropical Medicine and Health**

Vol. 43(2015) No. 2  
[https://www.jstage.jst.go.jp/browse/tmh/43/0/\\_contents](https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents)  
[Reviewed earlier]

### **Tropical Medicine & International Health**

October 2015 Volume 20, Issue 10 Pages 1257–1404  
<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-7/issuetoc>  
[Reviewed earlier]

### **Vaccine**

Volume 33, Issue 39, Pages 5027-5236 (22 September 2015)  
<http://www.sciencedirect.com/science/journal/0264410X/33/38>  
**[On pins and needles: How vaccines are portrayed on Pinterest](#)**

Original Research Article

Pages 5051-5056

Jeanine P.D. Guidry, Kellie Carlyle, Marcus Messner, Yan Jin

#### *Abstract*

Vaccination is an effective public health tool for reducing morbidity and mortality caused by infectious diseases. However, increasing numbers of parents question the safety of vaccines or refuse to vaccinate their children outright. The Internet is playing a significant role in the growing voice of the anti-vaccination movement as a growing number of people use the Internet to obtain health information, including information about vaccines. Given the role the Internet plays in providing vaccination-related communication, coupled with limited research in this area, this study focused on the social media platform Pinterest, analyzing 800 vaccine-related pins through a quantitative content analysis. The majority of the pins were anti-vaccine, and most were original posts as opposed to repins. Concerns about vaccine safety and side effects were oft-repeated themes, as was the concept of conspiracy theory. Pro-vaccine pins elicited consistently more engagement than anti-vaccine pins. Health educators and public health organizations should be aware of these dynamics, since a successful health communication campaign should start with an understanding of what and how publics communicate about the topic at hand.

### **[Influenza vaccine acceptance among pregnant women in urban slum areas, Karachi, Pakistan](#)**

Original Research Article

Pages 5103-5109

Afshin Alaf Khan, Aiden Kennedy Varan, Alejandra Esteves-Jaramillo, Mariam Siddiqui, Shazia Sultana, Asad S. Ali, Anita K.M. Zaidi, Saad B. Omer

*Abstract*

Background

Facilitators and barriers to influenza vaccination among pregnant women in the developing world are poorly understood, particularly in South Asia. We assessed intention to accept influenza vaccine among ethnically diverse low-income pregnant women in Pakistan.

Methods

From May to August 2013, we conducted a cross-sectional survey of pregnant women who visited health centers in urban slums in Karachi city. We assessed intention to accept influenza vaccine against socio-demographic factors, vaccination history, vaccine recommendation sources, and other factors.

Results

In an unvaccinated study population of 283 respondents, 87% were willing to accept the vaccine, if offered. All except two participants were aware of symptoms typically associated with influenza. Perceived vaccine safety, efficacy, and disease susceptibility were significantly associated with intention to accept influenza vaccine ( $p < 0.05$ ). Regardless of intention to accept influenza vaccine, 96% rated healthcare providers as highly reliable source of vaccine information. While a recommendation from a physician was critical for influenza vaccine acceptance, parents-in-law and husbands were often considered the primary decision-makers for pregnant women seeking healthcare including vaccination.

Conclusions

Maternal influenza vaccination initiatives in South Asia should strongly consider counseling of key familial decision-makers and inclusion of healthcare providers to help implement new vaccination programs.

**[From non school-based, co-payment to school-based, free Human Papillomavirus vaccination in Flanders \(Belgium\): A retrospective cohort study describing vaccination coverage, age-specific coverage and socio-economic inequalities](#)**

Original Research Article

Pages 5188-5195

Eva Lefevere, Heidi Theeten, Niel Hens, Frank De Smet, Geert Top, Pierre Van Damme

*Abstract*

School-based, free HPV vaccination for girls in the first year of secondary school was introduced in Flanders (Belgium) in 2010. Before that, non school-based, co-payment vaccination for girls aged 12–18 was in place. We compared vaccination coverage, age-specific coverage and socio-economic inequalities in coverage – 3 important parameters contributing to the effectiveness of the vaccination programs – under both vaccination systems.

We used retrospective administrative data from different sources. Our sample consisted of all female members of the National Alliance of Christian Mutualities born in 1995, 1996, 1998 or 1999 ( $N = 66,664$ ). For each vaccination system we described the cumulative proportion HPV vaccination initiation and completion over time. We used life table analysis to calculate age-specific rates of HPV vaccination initiation and completion. Analyses were done separately for higher income and low income groups.

Under non school-based, co-payment vaccination the proportions HPV vaccination initiation and completion slowly rose over time. By age 17, the proportion HPV vaccination initiation/completion was 0.75 (95% CI 0.74–0.76)/0.66 (95% CI 0.65–0.67). The median age at

vaccination initiation/completion was 14.4 years (95% CI 14.4–14.5)/15.4 years (95% CI 15.3–15.4). Socio-economic inequalities in coverage widened over time and with age. Under school-based, free vaccination rates of HPV vaccination initiation were substantially higher. By age 14, the proportion HPV vaccination initiation/completion was 0.90 (95% CI 0.90–0.90)/0.87 (95% CI 0.87–0.88). The median age at vaccination initiation/completion was 12.7 years (95% CI 12.7–12.7)/13.3 years (95% CI 13.3–13.3). Socio-economic inequalities in coverage and in age-specific coverage were substantially smaller

### **Vaccines — Open Access Journal**

<http://www.mdpi.com/journal/vaccines>

(Accessed 19 September 2015)

[No new relevant content identified]

### **Value in Health**

July 2015 Volume 18, Issue 5, p549-738

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

[Reviewed earlier]

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\* \* \* \*

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

### **Philosophical Transactions of the Royal Society B**

#### **[Vaccines and global health](#)**

Brian Greenwood, David Salisbury, Adrian V. S. Hill

Published 5 September 2011. DOI: 10.1098/rstb.2011.0076

#### *Abstract*

Vaccines have made a major contribution to global health in recent decades but they could do much more. In November 2011, a Royal Society discussion meeting, 'New vaccines for global health', was held in London to discuss the past contribution of vaccines to global health and to consider what more could be expected in the future. Papers presented at the meeting reviewed recent successes in the deployment of vaccines against major infections of childhood and the challenges faced in developing vaccines against some of the world's remaining major infectious diseases such as human immunodeficiency virus (HIV), malaria and tuberculosis. The important contribution that development of more effective veterinary vaccines could make to global health was also addressed. Some of the social and financial challenges to the development and deployment of new vaccines were reviewed. The latter issues were also discussed at a subsequent satellite meeting, 'Accelerating vaccine development', held at the Kavli Royal Society International Centre. Delegates at this meeting considered challenges to the more rapid development and deployment of both human and veterinary vaccines and how these might be addressed. Papers based on presentations at the discussion meeting and a summary of the

main conclusions of the satellite meeting are included in this issue of Philosophical Transactions of the Royal Society B.

## **African Health Sciences**

Vol 15 Issue 3, September 2015

### **New pneumococcal conjugate vaccine introductions in four sub-Saharan African countries: a cross-country analysis of health systems' impacts**

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#### *Abstract*

##### Background:

Pneumonia is a main cause of under-five mortality in low-income settings. The pneumococcal conjugate vaccine (PCV) has been introduced in many countries as a tool in the disease's prevention. Although PCV's effectiveness has been established, less is known about the effects of introducing additional injectable vaccines into routine immunisation programmes, particularly in the context of resource-constrained settings.

##### Objectives:

To explore the effects of PCV introduction on the immunisation programmes and health systems in four low-income countries.

##### Methods:

This study was carried out in Cameroon, Ethiopia, Kenya and Mali. Three to four regions and nine to 10 districts were selected within each country. Semi-structured interviews were carried out at national, regional and district levels (n=173). Researcher-administered questionnaires were completed with facility staff (n=124). Routine data on monthly vaccination activities were collected at district and facility levels.

##### Results:

PCV was generally well integrated into existing routine immunisation. Little or no impact was found in most areas of the health systems. Some minor effects were found on immunisation programmes, particularly in areas with either planning activities or investments e.g. staff skills were strengthened and there were limited improvements in surveillance. Although health sector workers perceived increases in the coverage of other vaccines following the introduction of PCV, routine service data did not confirm this claim. No substantial impacts were seen in health system management, service delivery or performance.

##### Conclusions:

The introduction of PCV had marginal impacts on the Expanded Programme for Immunisation and little to none on broader health systems.

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### **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://america.aljazeera.com/search.html?q=vaccine>

*Accessed 19 September 2015*

[No new, unique, relevant content]

#### **The Atlantic**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

#### **BBC**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

#### **Brookings**

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

*Accessed 19 September 2015*

[Implementing the post-2015 agenda and setting the narrative for the future](#)

Colin I. Bradford | September 14, 2015 14 September 2015

2015 is a pivotal year for global development; this fall is a pivotal moment. Meetings this fall will determine the global vision for sustainable development for 2030.

Three papers being released today—“[Action implications focusing now on implementation of the post-2015 agenda](#),” “[Systemic sustainability as the strategic imperative for the post-2015 agenda](#),” and “[Political decisions and institutional innovations required for systemic transformations envisioned in the post-2015 sustainable development agenda](#)”—set out some foundational ideas and specific proposals for political decisions and institutional innovations,

which focus now on the implementation of the new global vision for 2030. This blog summarizes the key points in the three papers...

### **Council on Foreign Relations**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

### **The Economist**

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

*Accessed 19 September 2015*

[The Sustainable Development Goals: Beyond handouts](#)

19 September 2015

Targets intended to shape development for the next 15 years are bloated. All the same, they show how aid is changing for the better.

### **Financial Times**

<http://www.ft.com/hme/uk>

*Accessed 19 September 2015*

[Experts divided over value of UN sustainable development goals](#)

15 September 2015

Andrew Jack

...These sustainable development goals (SDGs) sound bold, perhaps even naively idealistic, but there is a precedent: the eight Millennium Development Goals (MDGs) ratified by their predecessors at the start of the century, which spanned poverty, hunger, education, health and the environment. Since then, radical changes in thinking, evolutions within countries and political shifts in governance have overhauled the process of selecting — and the underlying substance — of the international agenda. Yet experts remain divided on the value of the MDGs in the past, and whether the SDGs will have any greater impact in the future...

### **Forbes**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

### **Foreign Affairs**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

### **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 19 September 2015*

[No new, unique, relevant content]

### **The Guardian**

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

*Accessed 19 September 2015*

[No new, unique, relevant content]

### **The Huffington Post**

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

Accessed 19 September 2015

### **Mail & Guardian**

<http://mg.co.za/>

Accessed 19 September 2015

[No new, unique, relevant content]

### **New Yorker**

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

Accessed 19 September 2015

[No new, unique, relevant content]

### **New York Times**

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

Accessed 19 September 2015

[Vaccine Issue Arises at Republican Debate, to Doctors' Dismay](#)

By SABRINA TAVERNISE and CATHERINE SAINT LOUIS

SEPT. 17, 2015

...“I think it’s sad,” said Dr. Schaffner, a professor of preventive medicine at Vanderbilt University, who said he cringed through the autism exchange at the end of the debate. “I would have hoped, since two of the discussants were physicians, that there would have been a ringing discussion about safety and value of vaccines, and an affirmation of the schedule set out by the American Academy of Pediatrics.”

For infectious disease doctors around the country watching the exchange, it felt a little bit like “Groundhog Day.” In 2011, during the last election cycle, Michele Bachmann, at the time a leading Republican candidate, called the vaccine to prevent cervical cancer “dangerous,” setting off a controversy that damaged the image of vaccines and set back doctors working to promote them as safe.

This time, it was Donald J. Trump who vigorously asserted a connection between vaccines and autism, telling an emotional story of an employee whose “beautiful” baby fell ill with a fever after having a vaccine and, he said, became autistic. While the two candidates who are doctors — Rand Paul, an ophthalmologist, and Ben Carson, a retired neurosurgeon — said that childhood vaccines were safe and important, even they shied away from the strict schedule set out by the medical profession.

“We have extremely well-documented proof that there’s no autism associated with vaccination, but it is true that we are probably giving way too many in too short a period of time,” Mr. Carson said. “I think a lot of pediatricians now recognize that and are cutting down on the number and the proximity in which those are done...”

[Measles Outbreak in Democratic Republic of Congo Kills 400](#)

14 September 2015

By DONALD G. McNEIL Jr.

More than 23,000 people, mostly children, have been infected with measles in the Katanga region of the Democratic Republic of Congo. More than 400 have died, according to United Nations agencies and Doctors Without Borders. ... The epidemic started in February, but as of



early this month, the central government in Kinshasa had not acknowledged that it was underway and deaths were not being officially counted, he said.

**Wall Street Journal**

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

Accessed 19 September 2015

[No new, unique, relevant content]

**Washington Post**

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

Accessed 19 September 2015

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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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