Vaccines and Global Health: The Week in Review
28 November 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.*

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Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences

http://www.who.int/about/who_reform/emergency-capacities/advisory-group/en/

WHO Emergency Reform newsletter No 5, 27 November 2015
3 pages
:: Advisory Group report recommends actions to be taken on WHO outbreak and emergency Reform
:: WHO heads of country offices provide feedback into the process of reform of Organizations work in outbreaks and emergencies with health consequences
:: WHO briefs Member States on the Contingency Fund for Emergencies, receives contributions from Germany and China
:: Governments sign up to new WHO emergency medical team coordination methodology, strengthening surge medical support in sudden onset disasters.

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EBOLA/EVD [to 28 November 2015]
Public Health Emergency of International Concern (PHEIC); "Threat to international peace and security" (UN Security Council)

The Lancet
22 November 2015
Health Policy
Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola
Suerie Moon, Devi Sridhar, Muhammad A Pate, Ashish K Jha, Chelsea Clinton, Sophie Delaunay, Valnora Edwin, Mosoka Fallah, David P Fidler, Laurie Garrett, Eric Goosby, Lawrence O Gostin, David L Heymann, Kelley Lee, Gabriel M Leung, J Stephen Morrison, Jorge Saavedra, Marcel Tanner, Jennifer A Leigh, Benjamin Hawkins, Liana R Woskie, Peter Piot
Full text (may require registration): http://lancet.com/journals/lancet/article/PIIS0140-6736%2815%2900946-0/fulltext

Summary
The west African Ebola epidemic that began in 2013 exposed deep inadequacies in the national and international institutions responsible for protecting the public from the far-reaching human, social, economic, and political consequences of infectious disease outbreaks. The Ebola epidemic raised a crucial question: what reforms are needed to mend the fragile global system for outbreak prevention and response, rebuild confidence, and prevent future disasters? To address this question, the Harvard Global Health Institute and the London School of Hygiene & Tropical Medicine jointly launched the Independent Panel on the Global Response to Ebola.

Recommendations Summary [full text includes discussion on each recommendation]
Recommendation 1: Develop a global strategy to invest in, monitor, and sustain national core capacities

Recommendation 2: Strengthen incentives for early reporting of outbreaks and science-based justifications for trade and travel restrictions

Recommendation 3: Create a unified WHO Centre for Emergency Preparedness and Response with clear responsibility, adequate capacity, and strong lines of accountability

Recommendation 4: Broaden responsibility for emergency declarations to a transparent, politically protected Standing Emergency Committee

Recommendation 5: Institutionalise accountability by creating an independent Accountability Commission for Disease Outbreak Prevention and Response (Accountability Commission)

Recommendation 6: Develop a framework of rules to enable, govern and ensure access to the benefits of research

Recommendation 7: Establish a global facility to finance, accelerate, and prioritise research and development

Recommendation 8: Sustain high-level political attention through a Global Health Committee of the Security Council

Recommendation 9: A new deal for a more focused, appropriately financed WHO

Recommendation 10: Good governance of WHO through decisive, timebound reform, and assertive leadership

Conclusion
Taken together, the Panel's ten recommendations provide a vision for a more robust, resilient global system able to manage infectious disease outbreaks. Preventing small outbreaks from becoming large-scale emergencies demands investment in minimum capacities in all countries and encouragement of early international reporting of outbreaks by adhering to agreed international rules. Responding effectively to outbreaks demands much stronger operational capacity within WHO and within the broader aid system if outbreaks escalate into humanitarian emergencies, a politically protected process for WHO's emergency declarations, and strong mechanisms for the accountability of all involved actors, from national governments to non-governmental organisations and from UN agencies to the private sector. Mobilisation of the knowledge needed to combat outbreaks will require an international framework of rules to enable, govern, and ensure access to the benefits of research, and financing to develop technology when commercial incentives are inappropriate. Finally, effective governance of this complex global system demands high-level political leadership and a WHO that is more focused and appropriately financed and whose credibility is restored through the implementation of good governance reforms and assertive leadership.

Ebola Situation Report - 25 November 2015

A cluster of three confirmed cases of Ebola virus disease (EVD) were reported from Liberia in the week to 22 November. The first-reported case was a 15-year-old boy who tested positive for EVD after admission to a health facility in the Greater Monrovia area on 19 November. He

was then transferred to an Ebola treatment centre along with the 5 other members of his family. Two other members of the family – the boy's 8-year old brother and his 40-year-old father – subsequently tested positive whilst in isolation. In addition to the family, 149 contacts have been identified so far, including 10 health workers who had close contact with the 15-year-old prior to isolation. Investigations to establish the origin of infection are at an early stage. Liberia was previously declared free of Ebola transmission on 3 September 2015.

On 7 November WHO declared that Sierra Leone had achieved objective 1 of the phase 3 framework, and the country has now entered a 90-day period of enhanced surveillance scheduled to conclude on 5 February 2016. As of 22 November it had been 6 days since the last EVD patient in Guinea received a second consecutive EVD-negative blood test. The last case in Guinea was reported on 29 October 2015.

The recent cases in Liberia underscore the importance of robust surveillance measures to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. In order to achieve objective 2 of the phase 3 response framework – to manage and respond to the consequences of residual Ebola risks – Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of illness or death that they suspect may be related to EVD to the relevant authorities. In the week to 22 November, 29 176 such alerts were reported in Guinea, with alerts reported from all of the country's 34 prefectures. Equivalent data are not currently available for Liberia. In Sierra Leone, 1420 alerts were reported from 14 of 14 districts in the week ending 15 November (the most recent week for which data are available)…

WHO - Press Conference: Update on Ebola situation (Geneva, 20 November 2015)
20 Nov 2015 - Subject: Update on Ebola situation in West Africa
Speaker: Dr Bruce Aylward, Executive Director a.i., Outbreaks and Health Emergencies
Video: 46:58
At approx 15:50 Dr. Aylward notes:
"...Still the vaccine is not licensed and able to be used only under a trial, but we are working very hard with the producers and regulators to put in for an expanded access protocol to allow people to use the vaccine as part of a response in the interim as we work towards licensure of the vaccine..."

Global Humanitarian Assistance (GHA) [to 28 November 2015]
http://www.globalhumanitarianassistance.org/
Ebola virus disease in Liberia
Report Synopsis
Date: 2015/11/23
On 20 November 2015 we responded to a funding alert for a new case of the Ebola virus disease in Liberia. The day before, less than three months after Liberia was last declared free of Ebola, it was confirmed that a 10-year-old boy had tested positive for the virus.
According to the UN Office for the Coordination of Humanitarian Affairs (OCHA)'s Financial Tracking Service (FTS), donors have committed/contributed US$236.9 million of humanitarian assistance to Liberia since the start of 2015. At least US$227.7 million of this is for the Ebola response. However, there are currently no financial contributions or pledges in response to this new outbreak of the disease.

Read our full analysis of the current funding situation.

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POLIO [to 28 November 2015]
Public Health Emergency of International Concern (PHEIC)

Statement on the Seventh IHR Emergency Committee meeting regarding the international spread of poliovirus
WHO statement
26 November 2015 *[Editor's text bolding]*
The seventh meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) regarding the international spread of poliovirus was convened via teleconference by the Director-General on 10 November 2015. The Director General of WHO had noted the concerns expressed by the Emergency Committee in its August 2015 report with respect to circulating vaccine-derived polioviruses (cVDPV). In response, she convened this meeting of the Emergency Committee with broader terms than was previously the case to also look at outbreaks of cVDPV. During the current polio endgame cVDPVs reflect serious gaps in immunity to poliovirus due to weaknesses in routine immunization coverage in otherwise polio-free countries. Moreover, there is a particular urgency to stopping type 2 cVDPV in advance of the globally synchronized withdrawal of type 2 OPV in April 2016.

The following IHR States Parties submitted an update on the implementation of the Temporary Recommendations since the Committee last met on 4 August 2015: Afghanistan and Pakistan. The following IHR State Parties were invited to present their views to the committee and all except South Sudan submitted reports on measures and plans to stop circulating vaccine derived poliovirus: Nigeria, Guinea, Madagascar, Ukraine and Lao People's Democratic Republic.

Wild polio
The Committee noted that since the declaration that the international spread of polio constituted a Public Health Emergency of International Concern (PHEIC), strong progress has been made by countries toward interruption of wild poliovirus transmission, implementation of Temporary Recommendations issued by the Director-General, and overall decline in occurrence of international spread of wild poliovirus. The Committee appreciated these commendable achievements. The Committee acknowledged the strong efforts of countries in Africa to eradicate polio noting that no cases of wild poliovirus have been reported in Africa for more than twelve months, and that Nigeria has interrupted endemic transmission of wild poliovirus. The Committee was particularly encouraged by the intensified efforts and the strong progress toward interruption of poliovirus in Pakistan and Afghanistan.

The Committee noted however that the international spread of wild poliovirus has continued, with two new documented exportations from Pakistan into Afghanistan which occurred in July and August 2015. The poliovirus isolates found in the two cases in Afghanistan were more closely related to strains recently circulating in Pakistan than to those currently found in Afghanistan. Both of these cases occurred in Achin district of Nangarhar Province, adjacent to the border with Pakistan. While there has been no new exportation from

Afghanistan to Pakistan, ongoing transmission particularly in inaccessible parts of the Eastern Region of Afghanistan close to the international border presents an ongoing risk.

The Committee noted that while Pakistan and Afghanistan have historically shared a vast common zone of poliovirus transmission, the recent spread between the two countries is occurring from discrete zones of persistent transmission in each country. Strong programmatic action in such zones should interrupt such cross-border transmission, as illustrated by the experience in regions that were previously endemic for polio. The committee re-emphasized that under the IHR, spread of poliovirus between two Member States can constitute international spread. While the Committee appreciated that efforts are being made for cross border collaboration, the committee noted and concurred with the recent recommendation of the Independent Monitoring Board (IMB) of the Global Polio Eradication Initiative (GPEI). The IMB has recommended that the GPEI partners should help the governments of Pakistan and Afghanistan to establish a joint executive and planning body to instigate cross-border polio prevention and control. The committee was pleased that the Temporary Recommendations for international travellers of all ages are now being implemented in Afghanistan at the international airport in Kabul.

The committee noted that globally there are still significant vulnerable areas and populations that are inadequately immunized due to conflict, insecurity and poor coverage associated with weak immunization programmes. Such vulnerable areas include countries in the Middle East, the Horn of Africa, central Africa and parts of Europe. The hard-earned gains can be quickly lost if there is re-introduction of poliovirus in settings of disrupted health systems and complex humanitarian emergencies. The large population movements across the Middle East and from Afghanistan and Pakistan create a heightened risk of international spread of polio. There is a risk of missing polio vaccination among refugee and mobile populations, adding to missed and under vaccinated populations in Europe, the Middle East and Africa. An estimated three to four million people have been displaced to Turkey, Lebanon, and Jordan and are at the centre of a mass migration across Europe.

Vaccine derived poliovirus

The current cVDPV outbreaks across three WHO regions illustrate serious gaps in routine immunization programs of affected countries leading to large pockets of vulnerability to polio outbreaks. In 2015, five outbreaks of circulating vaccine derived poliovirus have occurred, three cVDPV1 outbreaks (Ukraine, Madagascar and Lao People's Democratic Republic) and two cVDPV2 outbreaks (Nigeria and Guinea); furthermore an additional case of VDPV2 in a conflict-affected state of South Sudan is of concern.

There has been no international exportation of cVDPV during 2014 and 2015. Nonetheless, at least five past episodes of international spread of cVDPV have been recorded, all due to cVDPV type 2. While historically the overall risk of international spread of cVDPV appears to be lower than WPV, lack of adequate measures to control cVDPV can increase that risk.

The committee was concerned by the slow initial response in Ukraine and Madagascar, but encouraged that the response is improving in both countries. Additional efforts are needed to improve SIA quality in both countries. The committee also noted that targeted communication and strong engagement of communities were needed in Ukraine and Lao People's Democratic Republic to overcome vaccine hesitancy, and that GPEI should assist with development of

appropriate communications strategies and materials. The significant decline in immunization rates and AFP surveillance in Guinea and neighbouring Liberia and Sierra Leone due to the health system disruption caused by Ebola outbreak poses a risk for further spread of cVDPV, and the committee urged international partners to increase support to Guinea in its cVDPV outbreak response. Moreover, the testing of samples from AFP cases should be restored immediately and the overall systems for surveillance and immunization should be strengthened as soon as possible in the three Ebola-affected countries. The committee emphasized the importance of maintaining the quality of the programme along with strong political and civic engagement until global certification of polio eradication.

Conclusion – PHEIC

The Committee unanimously agreed that the international spread of polio remains a PHEIC and recommended the extension of the Temporary Recommendations, as revised, for a further three months. The Committee considered the following factors in reaching this conclusion:

:: The continued international spread of wild poliovirus during 2015 involving Pakistan and Afghanistan.

:: The risk and consequent costs of failure to eradicate globally one of the world's most serious vaccine preventable diseases.

:: The continued necessity of a coordinated international response to improve immunization and surveillance for wild poliovirus, stop its international spread and reduce the risk of new spread.

:: The serious consequences of further international spread for the increasing number of countries in which immunization systems have been weakened or disrupted by conflict and complex emergencies. Populations in these fragile states are vulnerable to outbreaks of polio. Outbreaks in fragile states are exceedingly difficult to control and threaten the completion of global polio eradication during its end stage.

:: The importance of a regional approach and strong cross-border cooperation, as much international spread of polio occurs over land borders, while recognizing that the risk of distant international spread remains from zones with active poliovirus transmission.

:: Additionally with respect to cVDPV:
…cVDPVs also pose a risk for international spread, and if there is no urgent response with appropriate measures, particularly threaten vulnerable populations as noted above;
…The emergence and circulation of VDPV in three WHO regions, underline significant gaps in population immunity at a critical time in the polio endgame, potentially threatening successful completion of global polio eradication;
…There is a particular urgency of stopping type 2 cVDPV in advance of the globally synchronized withdrawal of type 2 component of the oral poliovirus vaccine in April 2016….

…Additional considerations for all infected countries

The Committee strongly urged global partners in polio eradication to provide optimal support to all infected countries at this critical time in the program for implementation of the Temporary Recommendations under the IHR. The Committee advised that in view of the evolving situation,

periodic review and assessment of the risk of international spread and measures to mitigate these risks are warranted.

The Committee recommended that international partners assist countries affected by cVDPV with development of appropriate communications strategies and materials to ensure clear public understanding of cVDPV, their distinction from wild poliovirus and maintenance of confidence in the effectiveness, safety and necessity of polio vaccines during the polio endgame. Recognizing that cVDPV illustrate serious gaps in routine immunization programs in otherwise polio free countries, the Committee recommended that the international partners in routine immunization, for example the Gavi Alliance, should urgently assist affected countries to improve the national immunization program.

The Committee requested the Secretariat to conduct an analysis of the public health benefits and costs of implementing the temporary recommendation requiring exporting countries to vaccinate all international travellers before departure.

Based on the advice concerning wild poliovirus and circulating VDPV, the reports made by Afghanistan, Pakistan, Nigeria, Madagascar, Guinea, Ukraine and Lao People's Democratic Republic and the currently available information, the Director-General accepted the Committee's assessment and on 25 November 2015 determined that the events relating to poliovirus continue to constitute a PHEIC, including with respect to cVDPV. The Director-General endorsed the Committee's recommendations for 'States currently exporting wild polioviruses or cVDPV', for 'States infected with wild poliovirus or cVDPV but not currently exporting' and for 'States no longer infected by wild poliovirus, but which remain vulnerable to international spread, and states that are vulnerable to the emergence and circulation of VDPV' and extended the Temporary Recommendations as revised by the Committee under the IHR to reduce the international spread of poliovirus, effective 25 November 2015.

The Director-General thanked the Committee Members and Advisors for their advice and requested their reassessment of this situation within the next three months.

GPEI Update: Polio this week as of 25 November 2015
http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx
:: The emergency committee of the International Health Regulations (IHR) has met for the seventh time and assessed that the international spread of polio continues to constitute a Public Health Emergency of International Concern (PHEIC). They also expanded the temporary recommendations to outbreaks of circulating vaccine derived poliovirus, due to the importance of stopping all types of poliovirus as we near the finish line of polio eradication. Learn more about cVDPVs. The statement from the emergency committee can be found here.

:: In 2015, wild poliovirus transmission is at the lowest levels ever, with fewer cases reported from fewer areas of fewer countries than ever before. In 2015, 57 wild poliovirus cases have been reported from two countries (Pakistan and Afghanistan), compared to 305 cases from nine countries during the same period in 2014.

:: On November 27 – 29, heads of governments, staff and experts from 53 commonwealth nations will gather in Malta to discuss shared global priorities at the biennial Commonwealth Heads of Government Meeting (CHOGM). Commonwealth leadership on polio has brought the disease within touching distance of eradication. Now is the time to reaffirm support and wipe the disease off the face of the earth. Sustained political and financial commitment from all countries remain critical to finishing the job to eradicate polio for good.

[Selected elements from Country-level reports]

Afghanistan

:: Three new wild poliovirus type 1 (WPV1) cases were reported in the past week, from Faryab and Nangahar provinces. The most recent case had onset of paralysis on 27 October, from Nangahar. The total number of WPV1 cases for 2015 is 16.

:: One new WPV1 environmental positive sample was reported in the past week, collected on 25 October from Lashkargah district of Hilmand province.

:: Urgent efforts are underway to strengthen the implementation of the national emergency action plan in the country. Focus is on:

- Improving governance and coordination of partners through the National and Provincial Emergency Operations Centres
- Improving SIA quality by focusing resources on low-performing districts, and clearly identifying and targeting persistently missed children
- Maximising the impact of front-line health workers through more systematic vaccinator selection, training and supervision
- Ensuring closer cross-border coordination in border areas with Pakistan
- Further strengthening surveillance, including by expanding environmental surveillance activities

:: Mop up campaigns have taken place in areas of Farah using trivalent and bivalent OPV from 15 to 24 November, and Subnational Immunisation Days (SNIDs) are planned from 29 November to 1 December in the south and east of the country using bivalent OPV

Pakistan

:: One new wild poliovirus type 1 (WPV1) case was reported in the past week, with onset of paralysis on 1 November. It is the most recent WPV1 case in the country, from Kamari town, Karachi, Sindh. The total number of WPV1 cases for 2015 is now 41.

Lao People's Democratic Republic

:: One new case of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported in the past week, from a new province. The case was reported from Hom district bordering Xaysomboune province, and had onset of paralysis on 3 October. The most recent date of onset is 7 October. The total number of cVDPV1 cases in 2015 is now four.

:: An emergency outbreak response is continuing in the country, with particular focus on three high-risk provinces. The first Subnational Immunization Days (SNIDs) using trivalent oral polio vaccine (OPV) targeted an expanded age group of children under the age of fifteen in the three most high risk districts, and childen under the age of ten elsewhere. According to independent monitoring conducted in the high-risk areas, coverage of 85-95% was achieved, with 5-15% of children missed (primarily due to children not being present at the time of the vaccination teams' visit).

:: A second round of SNIDs is taking place from 16 – 30 November, and National Immunization Days (NIDs) will take place fom 21 to 31 December. Most of the campaigns are targeting an expanded age group range of children up to the age of 15 years.
:: All three cases are from the same village in the same province. Efforts are underway to further strengthen surveillance activities in other parts of the country, to determine if other sources of transmission are occurring elsewhere in the country.
:: Depending on the evolving epidemiology, the age group of the outbreak response may be expanded.
:: In neighbouring countries, notably Thailand and Vietnam, both surveillance and immunization activities have been stepped up, particularly in border areas.

Circulating vaccine-derived poliovirus – Lao People's Democratic Republic

Global Alert and Response (GAR) – Disease Outbreak News (DONs)
26 November 2015
Two additional cases of type 1 vaccine-derived poliovirus (VDPV1) have been reported from Lao People's Democratic Republic (PDR), bringing the total number of cases in this outbreak to three.

Between 6 and 8 November 2015, the National IHR Focal Point of the Lao People's Democratic Republic (PDR) notified WHO of 2 confirmed VDPV1 cases. Furthermore, circulating VDPV1 (cVDPV1) has also been isolated from the stools of 12 healthy contacts. All these contacts live in the same village, Bolikhan district (Bolikhamxay Province)…

…Public health response
Since the detection of the first confirmed cVDPV1 in Lao PDR, outbreak response activities have been conducted in three provinces, including the affected province (Bolikhamxay) and neighbouring provinces (Xaisounboun and Xiengkhuang). The national emergency operations centre has been activated to coordinate response efforts and a polio outbreak response plan was drafted. Enhanced surveillance is occurring throughout the country including daily zero-reporting of AFP cases. Active case finding is ongoing in the three provinces, including retrospective review of hospital and health centre records.

Six rounds with trivalent OPV vaccine have been planned from October 2015 to March 2016 (4 sub-national and 2 national) with ~ 8.6 million doses to be administered to children younger than 15 years. This age range was determined by the age distribution of the cases and their contacts. The first round of supplementary immunization activity (SIA) with OPV vaccine was completed in October in Bolikhamxay, Xaisounboun and Xiengkhuang provinces. Monitoring of October OPV SIA has occurred to identify areas with missed children and plan for mop-up activities. It is planned that this will continue during the next rounds to identify villages that require mop-up. Independent monitors were recruited to assess the quality of the campaigns. To ensure the success of SIAs, emergency risk communications and social mobilization activities, including training of mobilizers and information sessions to build trust and address barriers to immunization, are being conducted. Key messages have been developed for radio and loudspeaker and are being translated to target identified communities…

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MERS-CoV [to 28 November 2015]
No new digest content identified.

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WHO & Regionals [to 28 November 2015]
Iraq cholera vaccination campaign
24 November 2015 -- An oral cholera vaccine campaign in Iraq helps to control and contain the outbreak. This photo story follows the vaccination teams that are disseminating the vaccine and educational material on how to prevent the disease. The campaign has reached over 232 000 people during the first round. In the last 3 weeks the number of cases has continued to decline with only a few cases being reported from the affected areas.

New recommendations show how to treat all people living with HIV and decrease new infections
Harare, 27 November 2015 –The world is poised to end the AIDS epidemic by 2030 – provided it can accelerate the pace of progress achieved globally over the past 15 years, according to a new World Health Organization (WHO) report…

Treatment for all people living with HIV
Recent findings from clinical trials have confirmed that the early and expanded use of antiretroviral treatment saves lives by keeping people living with HIV healthier and by reducing the risk that they will transmit the virus to partners.

In September, that confirmation led WHO to recommend that all people living with HIV start ART as soon as possible after diagnosis.

At ICASA, WHO is presenting a set of recommendations to enable countries to expand treatment to all -- rapidly and efficiently. These recommendations include using innovative testing strategies to help more people learn they are HIV positive; moving testing and treatment services closer to where people live; starting treatment faster among people who are at advanced stages of HIV infection when they are diagnosed; and reducing the frequency of clinic visits recommended for people who are stable on ART…

Eliminate violence against women
25 November 2015 -- WHO releases a new tool for medical and legal professionals to ensure that proper evidence is collected in cases of sexual violence to help bring justice for victims. The goal is to end impunity for perpetrators of sexual violence and help eliminate violence against women. Globally 1 in 3 women has been a victim of physical/sexual partner violence in her lifetime.
New toolkit to strengthen the medico-legal response to sexual violence

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

:: 27 November 2015 Zika virus infection – Guatemala
:: 27 November 2015 Zika virus infection – El Salvador
:: 27 November 2015 Microcephaly – Brazil
:: 26 November 2015 Cholera – Iraq
:: 26 November 2015 Cholera – United Republic of Tanzania
:: 26 November 2015 Circulating vaccine-derived poliovirus – Lao People's Democratic Republic

Weekly Epidemiological Record (WER) 27 November 2015, vol. 90, 48 (pp. 645–660)
Contents:
645 Review of the 2015 influenza season in the southern hemisphere

:: WHO Regional Offices

WHO African Region AFRO
:: New recommendations show how to treat all people living with HIV and decrease new infections
:: Youngest victims of the health crisis in Central African Republic - 26 November 2015
:: Health Ministers Endorse a Research Strategy for the African Region - 25 November 2015

WHO Region of the Americas PAHO
:: Lila Downs and PAHO launch campaign to prevent postpartum hemorrhage deaths in the Americas (11/24/2015)
:: First meeting of the Program to Strengthen Cooperation for Health Development in the Americas, in Brazil (11/24/2015)

WHO South-East Asia Region SEARO
No new digest content identified.

WHO European Region EURO
:: New HIV guidelines will help Europe meet the ambitious global goal 27-11-2015
:: Highest number of new HIV cases in Europe ever 26-11-2015
:: "Europe is Europe because of migration": highlights from day 2 of the high-level conference on refugee and migrant health 24-11-2015
:: "We cannot turn away our eyes": highlights from day 1 of the high-level conference on refugee and migrant health 24-11-2015
:: European health decision-makers meet for high-level discussion on refugee and migrant health 23-11-2015

WHO Eastern Mediterranean Region EMRO
No new digest content identified.

WHO Western Pacific Region
:: The Royal Government of Cambodia launches the first dedicated, nationally representative study on the prevalence of intimate partner violence

PHNOM PENH, 24 November 2015 – One in five women in Cambodia has experienced sexual and/or physical intimate partner violence, according to the National Survey on Women's Health and Life Experiences launched by the Ministry of Women's Affairs and the National Institute of Statistics. The study documents significant physical, mental, sexual and reproductive health

consequences, including injuries and pain, suicide and miscarriage. The study shows that 90% of women who reported being injured by their intimate partner had been hurt severely enough to need health care. However, 47% never sought health care.

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CDC/ACIP [to 28 November 2015]
http://www.cdc.gov/media/index.html

New CDC estimates underscore the need to increase awareness of a daily pill that can prevent HIV infection
TUESDAY, NOVEMBER 24, 2015
A new Vital Signs report published today estimates that 25 percent of sexually active gay and bisexual adult men, nearly 20 percent of adults who inject drugs, and less than...

MMWR Weekly - November 27, 2015 / Volume (64) No. 46
http://www.cdc.gov/mmwr/index2015.html
:: World AIDS Day — December 1, 2015
:: Lower Levels of Antiretroviral Therapy Enrollment Among Men with HIV Compared with Women — 12 Countries, 2002–2013
:: Scale-up of HIV Viral Load Monitoring — Seven Sub-Saharan African Countries
:: Vital Signs: Estimated Percentages and Numbers of Adults with Indications for Preexposure Prophylaxis to Prevent HIV Acquisition — United States, 2015
:: Vital Signs: Increased Medicaid Prescriptions for Preexposure Prophylaxis Against HIV infection — New York, 2012–2015

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Initiatives/Announcements/Milestones

Gavi [to 28 November 2015]
http://www.gavialliance.org/library/news/press-releases/
Organisation of Islamic Cooperation approves Gavi membership to key health committee
Vaccine Alliance support already helping to immunise millions of children in OIC member states.
Geneva, 26 November 2015 – Gavi, the Vaccine Alliance has been officially invited to become a member of the Organisation for Islamic Cooperation's (OIC) Steering Committee on Health. The invitation, which recognises Gavi's support for childhood immunisation in OIC member states, meant the Vaccine Alliance was able to participate in the 10th Steering Committee on Health (SCH) in Istanbul last week. The SCH, set up at the first Islamic Conference of Health Ministers (ICHM) in 2007, tracks implementation of a framework for action through progress and evaluation reports.

From 2000 to 30 September 2015, Gavi provided more than US$ 4 billion to support immunisation in 33 OIC member states – equivalent to 49% of Gavi disbursements. This has helped developing countries immunise more than 210 million children, saving over four million lives.

Ambassador Mohammed Naeem Khan, Assistant Secretary-General of Science and Technology at the Organisation of Islamic Cooperation (OIC), said: "We welcome Gavi as a member of SCH and highly appreciate its active support to OIC member states and look forward to further strengthening of the partnership between OIC and Gavi."…

IAVI International AIDS Vaccine Initiative [to 28 November 2015]
http://www.iavi.org/press-releases/2015

Updated Guidelines Released to Respect, Protect and Fulfill the Needs of Men Who Have Sex with Men (MSM) in HIV Research

November 25, 2015

Experience consistently shows that better collaboration is needed between researchers and community-based organizations (CBOs) around studies of HIV treatment and prevention interventions involving gay men and other men who have sex with men (MSM). This is, especially true in resource-constrained settings. In addition, working with MSM in these contexts presents unique challenges from the often prevalent stigma, discrimination, and security concerns.

To meet this ongoing need, a group led by amfAR, The Foundation for AIDS Research; the International AIDS Vaccine Initiative (IAVI); the John Hopkins University – Center for Public Health and Human Rights (JHU-CPHHR); and the United Nations Development Program (UNDP) has updated important guidance to help researchers and CBOs maximize the benefits and minimize any potential risks of working together on this critically needed research.

The revised "Respect, Protect, Fulfill" will be released on 28 November, at the Key Populations Pre-conference of the 18th International Conference on HIV/AIDS and other STIs in Africa (ICASA), which takes place in Harare, Zimbabwe, from 29 November through 4 December 2015…

FDA [to 28 November 2015]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm

FDA approves first seasonal influenza vaccine containing an adjuvant

November 24, 2015 - The U.S. Food and Drug Administration today approved Fluad, the first seasonal influenza vaccine containing an adjuvant. Fluad, a trivalent vaccine produced from three influenza virus strains (two subtype A and one type B), is approved for the prevention of seasonal influenza in people 65 years of age and older.

Fluad, which is manufactured using an egg-based process, is formulated with the adjuvant MF59, an oil-in-water emulsion of squalene oil. Squalene, a naturally occurring substance found in humans, animals and plants, is highly purified for the vaccine manufacturing process. Adjuvants are incorporated into some vaccine formulations to enhance or direct the immune response of the vaccinated individual.

According to the Centers for Disease Control and Prevention, in recent years, it is estimated that 80 to 90 percent of seasonal influenza-related deaths and 50 to 70 percent of seasonal influenza-related hospitalizations have occurred among people 65 years of age and older.

FDA approves vaccine for use after known or suspected anthrax exposure

November 23, 2015 - The U.S. Food and Drug Administration today approved a new indication for BioThrax (Anthrax Vaccine Adsorbed) to prevent disease following suspected or confirmed exposure to Bacillus anthracis, the bacterium that causes anthrax disease. The vaccine's new use is approved for people 18 through 65 years of age in conjunction with recommended antibiotic treatment. BioThrax was initially approved by the FDA in 1970 for the prevention of anthrax disease in persons at high risk of exposure.

Anthrax disease, especially the inhalation form, is often fatal if not promptly treated. Anthrax is considered one of the more likely agents to be used in a biological attack, primarily because its spores are very stable and easy to disperse. Although it is rare, people may contract anthrax disease through natural exposures, such as contact with infected animals or contaminated animal products.

"With today's approval of BioThrax, we now have a vaccine that can be used, together with antibiotic treatment, to prevent disease after exposure to anthrax spores," said Karen Midthun, M.D., director of the FDA's Center for Biologics Evaluation and Research.

IVI [to 28 November 2015]
http://www.ivi.org/web/www/home
IVI Statement: **"It is a matter of time before dengue in Southeast Asia becomes endemic in South Korea"**
2015.11.25

An interview with Dr. In-Kyu Yoon, Director of the Dengue Vaccine Initiative and IVI's Deputy Director General of Science was recently featured in Dong-A Ilbo, South Korea's third largest daily newspaper and publisher of Dong-A Science, the top science magazine in the nation. In the interview he talks about the possibility of dengue spreading to South Korea. The interview, which was published in Korean, has been translated into English. Read the original interview here (Korean only): http://news.donga.com/3/all/20151124/74977500/1

European Vaccine Initiative [to 28 November 2015]
http://www.euvaccine.eu/news-events
EVI Scientific Advisory Committee (SAC) takes on two new members
25 November 2015

The two new EVI SAC members are: Chetan Chitnis, Professor and Head of Malaria Parasite Biology & Vaccines Unit, Institut Pasteur, Paris, and Nancy Le Cam Bouveret, Independent Clinical Development and Regulatory Consultant.

EDCTP [to 28 November 2015]
http://www.edctp.org/
The European & Developing Countries Clinical Trials Partnership (EDCTP) aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials.
24 November 2015
New EDCTP-TDR Clinical Research and Development Fellowships awarded
24 November 2015

A total of 18 product development clinicians from 9 low- and middle-income countries have been awarded clinical research and development fellowships. These fellows are supported by TDR, the Special Programme for Research and Training in Tropical Diseases, and will be placed with 10 host institutions by early 2016.

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AERAS [to 28 November 2015]
http://www.aeras.org/pressreleases
No new digest content identified.

PATH [to 28 November 2015]
http://www.path.org/news/index.php
No new digest content identified.

Sabin Vaccine Institute [to 28 November 2015]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 28 November 2015]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

Global Fund [to 28 November 2015]
http://www.theglobalfund.org/en/news/
No new digest content identified.

European Medicines Agency [to 28 November 2015]
http://www.ema.europa.eu/
No new digest content identified.

NIH [to 28 November 2015]
http://www.nih.gov/news/releases.htm
No new digest content identified.

GHIT Fund [to 28 November 2015]
https://www.ghitfund.org/
GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that devastate the world's poorest people. Other funders include six Japanese pharmaceutical companies, the Japanese Government and the Bill & Melinda Gates Foundation.
No new digest content identified.

Fondation Merieux [to 28 November 2015]
http://www.fondation-merieux.org/news
Mission: Contribute to global health by strengthening local capacities of developing countries to reduce the impact of infectious diseases on vulnerable populations.
No new digest content identified.

IVAC - International Vaccine Access Center
http://www.jhsph.edu/research/centers-and-institutes/ivac/about-us/news.html
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

[U.S.] National Vaccine Advisory Committee (NVAC)

September 9-10, 2015: NVAC Meeting Documentation
:: Agenda
:: Presentations
[Presentations Excerpt]
Update on Efforts to Support Global Immunization Initiatives
:: A Toolkit for Long-Term Care – (PDF – 824KB)
:: USAID Strategic Blueprint – (PDF – 1.93MB)
:: CDC Global Immunization Strategic Framework – (PDF – 3.96MB)

Global Events Calendar: Meetings, Conferences, Symposia

TechNet21 - http://www.technet-21.org/en/
TechNet-21 is a global network of immunization professionals committed to strengthening immunization services by sharing experiences, coordinating activities, and helping to formulate optimal policies. Our members come from every corner of the world.

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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

American Journal of Infection Control
November 2015 Volume 43, Issue 11, p1147-1268, e67-e81
http://www.ajicjournal.org/current
[Reviewed earlier]

American Journal of Preventive Medicine
December 2015 Volume 49, Issue 6, p811-988, e89-e134
http://www.ajpmonline.org/current
[New issue; No relevant content identified]

American Journal of Public Health
Volume 105, Issue 12 (December 2015)
http://ajph.aphapublications.org/toc/ajph/current
[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene
November 2015; 93 (5)
http://www.ajtmh.org/content/current
[Reviewed earlier]

Annals of Internal Medicine
17 November 2015, Vol. 163. No. 10
http://annals.org/issue.aspx
[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
(Accessed 28 November 2015)
[No new relevant content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 28 November 2015)
Research article
Health care workers in Pearl River Delta Area of China are not vaccinated adequately against hepatitis B: a retrospective cohort study

Yu-Bao Zheng, Yu-Rong Gu, Min Zhang, Ke Wang, Zhan-lian Huang, Chao-Shuang Lin, Zhi-Liang Gao BMC Infectious Diseases 2015, 15:542 (22 November 2015)

Abstract

Backgrounds

Health-care workers' (HCWs) exposure to bodily fluids puts them at risk of hepatitis B virus HBV infection. This study investigated HBV vaccination practices and outcomes in HCWs and assessed postvaccination seroprotection across HCWs in different departments.

Methods

A survey of HCWs in a Chinese public general hospital was carried out with a retrospective cohort of 1420 hospital HCWs (458 males and 962 females). HBV vaccination status (10-μg/dose used) was investigated in the cohort from vaccination records from the period of 1988 to 2008. Blood samples were collected and tested for hepatitis B surface antigen (HBsAg) and HBV antibodies (anti-HBs).

Results

The overall vaccination (complete course) and HBsAg carrier rates among HCWs were 40.42 % (574/1420) and 6.13 % (87/1420), respectively. Vaccination rates differed by department, with HCWs in internal medicine (39.5 %) and emergency (42.0 %) departments having particularly low rates. The natural infection rate was 7.53 % (107/1420) among HCWs. HCWs in the department of infectious diseases (vaccination rate, 57.8 %) had the highest rate of antibody produced by natural infection (88.2 %).

Conclusion

The vaccination rate was a disappointingly low among HCWs in Pearl River Delta Area of China. HCWs working in infectious diseases departments and technicians were at particularly likely to have been infected with HBV. A concerted effort is needed to bring vaccination rates up among Chinese HCWs in Pearl River Delta Area of southern China.

BMC Medical Ethics

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

(Accessed 28 November 2015)

[No new content]

BMC Medicine

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

(Accessed 28 November 2015)

Research article

The 2014 Ebola virus disease outbreak in Pujehun, Sierra Leone: epidemiology and impact of interventions

Marco Ajelli, Stefano Parlamento, David Bome, Atiba Kebbi, Andrea Atzori, Clara Frasson, Giovanni Putoto, Dante Carraro, Stefano Merler

BMC Medicine 2015, 13:281 (26 November 2015)

BMC Pregnancy and Childbirth

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

(Accessed 28 November 2015)

Research article

Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa

Heather Rosen, Pamela Lynam, Catherine Carr, Veronica Reis, Jim Ricca, Eva Bazant, Linda Bartlett, on behalf of the Quality of Maternal and Newborn Care Study Group of the Maternal and Child Health Integrated Program

BMC Pregnancy and Childbirth 2015, 15:306 (23 November 2015)

Abstract

Background

Poor quality of care at health facilities is a barrier to pregnant women and their families accessing skilled care. Increasing evidence from low resource countries suggests care women receive during labor and childbirth is sometimes rude, disrespectful, abusive, and not responsive to their needs. However, little is known about how frequently women experience these behaviors. This study is one of the first to report prevalence of respectful maternity care and disrespectful and abusive behavior at facilities in multiple low resource countries.

Methods

Structured, standardized clinical observation checklists were used to directly observe quality of care at facilities in five countries: Ethiopia, Kenya, Madagascar, Rwanda, and the United Republic of Tanzania. Respectful care was represented by 10 items describing actions the provider should take to ensure the client was informed and able to make choices about her care, and that her dignity and privacy were respected. For each country, percentage of women receiving these practices and delivery room privacy conditions were calculated. Clinical observers' open-ended comments were also analyzed to identify examples of disrespect and abuse.

Results

A total of 2164 labor and delivery observations were conducted at hospitals and health centers. Encouragingly, women overall were treated with dignity and in a supportive manner by providers, but many women experienced poor interactions with providers and were not well-informed about their care. Both physical and verbal abuse of women were observed during the study. The most frequently mentioned form of disrespect and abuse in the open-ended comments was abandonment and neglect.

Conclusions

Efforts to increase use of facility-based maternity care in low income countries are unlikely to achieve desired gains if there is no improvement in quality of care provided, especially elements of respectful care. This analysis identified insufficient communication and information sharing by providers as well as delays in care and abandonment of laboring women as deficiencies in respectful care. Failure to adopt a patient-centered approach and a lack of health system resources are contributing structural factors. Further research is needed to understand these barriers and develop effective interventions to promote respectful care in this context.

BMC Public Health

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

(Accessed 28 November 2015)

Research article

Provider costs for prevention and treatment of cardiovascular and related conditions in low- and middle-income countries: a systematic review

Elizabeth Brouwer, David Watkins, Zachary Olson, Jane Goett, Rachel Nugent, Carol Levin

BMC Public Health 2015, 15:1183 (26 November 2015)

Research article
Surveillance of antenatal influenza vaccination: validity of current systems and recommendations for improvement
Annette Regan, Donna Mak, Hannah Moore, Lauren Tracey, Richard Saker, Catherine Jones, Paul Effler
BMC Public Health 2015, 15:1155 (23 November 2015)

BMC Research Notes
http://www.biomedcentral.com/bmcresnotes/content
(Accessed 28 November 2015)
[No new relevant content identified]

BMJ Open
2015, Volume 5, Issue 11
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

British Medical Journal
28 November 2015 (vol 351, issue 8035)
http://www.bmj.com/content/351/8035
[New issue; No relevant content identified]

Bulletin of the World Health Organization
Volume 93, Number 11, November 2015, 741-816
http://www.who.int/bulletin/volumes/93/11/en/
[Reviewed earlier]

Clinical Infectious Diseases (CID)
Volume 61 Issue 11 December 1, 2015
http://cid.oxfordjournals.org/content/current
[Reviewed earlier]

Clinical Therapeutics
November 2015 Volume 37, Issue 11, p2385-2608
http://www.clinicaltherapeutics.com/current
Review of the Persistence of Herpes Zoster Vaccine Efficacy in Clinical Trials
Stephen J. Cook, Dennis K. Flaherty
p2388–2397
Published online: October 23 2015
Abstract

The live attenuated herpes zoster vaccine* was approved for the prevention of shingles in 2006. Initial Phase III clinical trials proved vaccine efficacy persisted during the study duration; however, assessment of long-term efficacy required additional studies. This article reviews efficacy data for the zoster vaccine that have been published since 2004. It focuses on studies assessing declining vaccine efficacy.

Commentary
Personal Protective Equipment: Protecting Health Care Providers in an Ebola Outbreak
William A. Fischer II, David J. Weber, David A. Wohl
p2402–2410
Published online: October 6 2015
Preview
The recent Ebola epidemic that devastated West Africa has infected and killed more health care providers than any other outbreak in the history of this virus. An improved understanding of pathogen transmission and the institution of strategies to protect health care providers against infection are needed in infectious disease outbreaks. This review connects what is known about Ebola virus transmission with personal protective equipment (PPE) designed to arrest nosocomial transmission.

Complexity
November/December 2015 Volume 21, Issue 2 Pages C1–C1, 1–366
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.2/issuetoc
[Reviewed earlier]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 28 November 2015]
[No new content]

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 28 November 2015)
[No new content]

Current Opinion in Infectious Diseases
December 2015 - Volume 28 - Issue 6 pp: v-v,497-624
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx

[Reviewed earlier]

Developing World Bioethics
December 2015 Volume 15, Issue 3 Pages iii–iii, 115–275
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2015.15.issue-2/issuetoc
[Reviewed earlier]

Development in Practice
Volume 25, Issue 8, 2015
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Disasters
October 2015 Volume 39, Issue 4 Pages 611–810
http://onlinelibrary.wiley.com/doi/10.1111/disa.2015.39.issue-4/issuetoc
[Reviewed earlier]

Emerging Infectious Diseases
Volume 21, Number 12—December 2015
http://wwwnc.cdc.gov/eid/
[Reviewed earlier]

Epidemics
Volume 13, In Progress (December 2015)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 143 - Issue 16 - December 2015
http://journals.cambridge.org/action/displayIssue?jid=HYG&tab=currentissue
[Reviewed earlier]

The European Journal of Public Health
Volume 25, Issue 5, 1 October 2015
http://eurpub.oxfordjournals.org/content/25/5
[Reviewed earlier]

Eurosurveillance
Volume 20, Issue 47, 26 November 2015
http://www.eurosurveillance.org/Public/Articles/Archives.aspx?PublicationId=11678

Systematic review
International travel and acquisition of multidrug-resistant Enterobacteriaceae: a systematic review
by R Hassing, J Alsma, M Arcilla, P van Genderen, B Stricker, A Verbon

Global Health: Science and Practice (GHSP)
September 2015 | Volume 3 | Issue 3
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Health Governance
http://blogs.shu.edu/ghg/category/complete-issues/spring-autumn-2014/
[Accessed 28 November 2015]
[No new content]

Global Public Health
Volume 10, Issue 10, 2015
http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 28 November 2015]
Research
Conceptual and institutional gaps: understanding how the WHO can become a more effective cross-sectoral collaborator
Gopinathan U, Watts N, Hougendobler D, Lefebvre A, Cheung A, Hoffman SJ and Røttingen JA
Globalization and Health 2015, 11:46 (24 November 2015)
Abstract
Background
Two themes consistently emerge from the broad range of academics, policymakers and opinion leaders who have proposed changes to the World Health Organization (WHO): that reform efforts are too slow, and that they do too little to strengthen WHO's capacity to facilitate cross-sectoral collaboration. This study seeks to identify possible explanations for the challenges WHO faces in addressing the broader determinants of health, and the potential opportunities for working across sectors.
Methods
This qualitative study used a mixed methods approach of semi-structured interviews and document review. Five interviewees were selected by stratified purposive sampling within a sampling frame of approximately 45 potential interviewees, and a targeted document review was conducted. All interviewees were senior WHO staff at the department director level or above. Thematic analysis was used to analyze data from interview transcripts, field notes, and the document review, and data coded during the analysis was analyzed against three central research questions. First, how does WHO conceptualize its mandate in global health? Second,

what are the barriers and enablers to enhancing cross-sectoral collaboration between WHO and other intergovernmental organizations? Third, how do the dominant conceptual frames and the identified barriers and enablers to cross-sectoral collaboration interact?
Results
Analysis of the interviews and documents revealed three main themes: 1) WHO's role must evolve to meet the global challenges and societal changes of the 21st century; 2) WHO's cross-sectoral engagement is hampered internally by a dominant biomedical view of health, and the prevailing institutions and incentives that entrench this view; and 3) WHO's cross-sectoral engagement is hampered externally by siloed areas of focus for each intergovernmental organization, and the lack of adequate conceptual frameworks and institutional mechanisms to facilitate engagement across siloes.
Conclusion
There are a number of external and internal pressures on WHO which have created an organizational culture and operational structure that focuses on a narrow, technical approach to global health, prioritizing disease-based, siloed interventions over more complex approaches that span sectors. The broader approach to promoting human health and wellbeing, which is conceptualized in WHO's constitution, requires cultural and institutional changes for it to be fully implemented.

Health Affairs
November 2015; Volume 34, Issue 11
http://content.healthaffairs.org/content/current
[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 11 - Issue 01 - January 2016
http://journals.cambridge.org/action/displayIssue?jid=HEP&tab=currentissue
Special Section
Making fair choices on the path to universal health coverage: a précis
Alex Voorhoevea1 c1, Trygve Ottersena2 and Ole F. Norheima2
a1 Philosophy, Logic, and Scientific Method, London School of Economics, UK
a2 Department of Global Public Health and Primary Care, University of Bergen, Norway
Abstract
We outline key conclusions of the World Health Organisation's report 'Making Fair Choices on the Path to Universal Health Coverage (UHC)'. The Report argues that three principles should inform choices on the path to UHC: I. Coverage should be based on need, with extra weight given to the needs of the worse off; II. One aim should be to generate the greatest total improvement in health; III. Contributions should be based on ability to pay and not need. We

describe how these principles determine which trade-offs are (un)acceptable. We also discuss which institutions contribute to fair and accountable choices.

Health Policy and Planning
Volume 30 Issue 10 December 2015
http://heapol.oxfordjournals.org/content/current
[Reviewed earlier]

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 28 November 2015]
[No new content]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 11, Issue 11, 2015
http://www.tandfonline.com/toc/khvi20/current
Vaccination of healthcare workers: A review
pages 2522-2537
DOI:10.1080/21645515.2015.1082014
Skerdi Haviari, Thomas Bénet, Mitra Saadatian-Elahi, Philippe André, Pierre Loulergue & Philippe Vanhems
Abstract
Vaccine-preventable diseases are a significant cause of morbidity and mortality. As new vaccines are proving to be effective and as the incidence of some infections decreases, vaccination practices are changing. Healthcare workers (HCWs) are particularly exposed to and play a role in nosocomial transmission, which makes them an important target group for vaccination. Most vaccine-preventable diseases still carry a significant risk of resurgence and have caused outbreaks in recent years. While many professional societies favor vaccination of HCWs as well as the general population, recommendations differ from country to country. In turn, vaccination coverage varies widely for each microorganism and for each country, making hospitals and clinics vulnerable to outbreaks. Vaccine mandates and non-mandatory strategies are the subject of ongoing research and controversies. Optimal approaches to increase coverage and turn the healthcare workforce into an efficient barrier against infectious diseases are still being debated.

Immunization of pregnant women: Future of early infant protection
pages 2549-2555
DOI:10.1080/21645515.2015.1070984
Azure N Faucette, Michael D Pawlitz, Bo Pei, Fayi Yao & Kang Chen
Abstract
Children in early infancy do not mount effective antibody responses to many vaccines against commons infectious pathogens, which results in a window of increased susceptibility or severity infections. In addition, vaccine-preventable infections are among the leading causes of morbidity in pregnant women. Immunization during pregnancy can generate maternal immune protection as well as elicit the production and transfer of antibodies cross the placenta and via

breastfeeding to provide early infant protection. Several successful vaccines are now recommended to all pregnant women worldwide. However, significant gaps exist in our understanding of the efficacy and safety of other vaccines and in women with conditions associated with increased susceptible to high-risk pregnancies. Public acceptance of maternal immunization remained to be improved. Broader success of maternal immunization will rely on the integration of advances in basic science in vaccine design and evaluation and carefully planned clinical trials that are inclusive to pregnant women.

Vaccinations in prisons: A shot in the arm for community health

pages 2615-2626
Open access
DOI:10.1080/21645515.2015.1051269

Víctor-Guillermo Sequera, Salomé Valencia, Alberto L García-Basteiro, Andrés Marco & José M Bayas

Abstract

From the first day of imprisonment, prisoners are exposed to and expose other prisoners to various communicable diseases, many of which are vaccine-preventable. The risk of acquiring these diseases during the prison sentence exceeds that of the general population. This excess risk may be explained by various causes; some due to the structural and logistical problems of prisons and others to habitual or acquired behaviors during imprisonment. Prison is, for many inmates, an opportunity to access health care, and is therefore an ideal opportunity to update adult vaccination schedules. The traditional idea that prisons are intended to ensure public safety should be complemented by the contribution they can make in improving community health, providing a more comprehensive vision of safety that includes public health.

Vaccine-preventable diseases in humanitarian emergencies among refugee and internally-displaced populations

pages 2627-2636
DOI:10.1080/21645515.2015.1096457

Eugene Lam, Amanda McCarthy & Muireann Brennan

Abstract

Humanitarian emergencies may result in breakdown of regular health services including routine vaccination programs. Displaced populations including refugees and internally displaced persons are particularly susceptible to outbreaks of communicable diseases such as vaccine-preventable diseases (VPDs). Common VPDs encountered in humanitarian emergencies include measles, polio, and depending on geographical location, meningococcal meningitis, yellow fever, hepatitis A, and cholera. We conducted a review of 50 published articles from 2000 to 2015 concerning VPDs in humanitarian emergencies. This article provides an update on the available literature regarding vaccinations among this highly vulnerable population and describes the unique challenges of VPDs during humanitarian emergencies. Humanitarian emergencies place affected populations at risk for elevated morbidity and mortality from VPDs due to creation or exacerbation of factors associated with disease transmission such as mass population movements, overcrowding, malnutrition, and poor water and sanitation conditions. Vaccination is one of the most basic and critical health interventions for protecting vulnerable populations during emergencies. Growing insecurity, as seen in the increasing number of targeted attacks on health workers in recent years, as well as destruction of cold chain and infrastructure for transportation of supplies, are creating new challenges in provision of life saving vaccines in conflict settings. Population displacement can also threaten global VPD eradication and

elimination efforts. While highly effective vaccines and guidelines to combat VPDs are available, the trend of increasing number of humanitarian emergencies globally poses new and emerging challenges in providing vaccination among displaced populations.

Research Paper

Immunizing nomadic children and livestock – Experience in North East Zone of Somalia

pages 2637-2639

DOI:10.1080/21645515.2015.1038682

Raoul Kamadjeua*, Abraham Mulugetab, Dhananjoy Guptac, Abdirisak Abshir Hirsid, Asalif Belaynehb, Marianne Clark-Hattinghc, Clement Adamsc, Payenda Abedc, Brenda Kyeyunec, Tajudin Ahmedb, Mohamed Salihe, Cyprien Biaoue & Brigitte Tourea

Abstract

Nomads and pastoralists represent around 30% of the population of North East zone of Somalia (Puntland) and have very limited access to basic health including immunization. During the 2013–2014 polio outbreak in Somalia, an increase number of polio cases notified health services among these underserved communities highlighted the urgent need to devise innovative strategies to reach them. Harnessing the high demand for veterinary services among pastoralist communities, the Ministry of Health and the Ministry of Livestock, with support from UNICEF, WHO and FAO launched an integrated human and animal vaccination campaign on 19 October 2014. Over 30 days, 20 social mobilizers conducted shelter to shelter social mobilization and interpersonal communication for nomadic/pastoralist hamlets, 20 human vaccination teams, accompanied by local community elders, traveled with animal vaccination teams to administer polio and measles vaccination to pastoralist communities in the 5 regions of Puntland. 26,393 children (0 to 10 years) received Oral Polio Vaccine (OPV) out of which 34% for the first time ever; 23,099 were vaccinated against measles. and 12,556 Vitamin A. Despite various operational challenges and a significantly higher operational cost of $6.2 per child reached with OPV, the integrated human and animal vaccination campaign was effective in reaching the unvaccinated children from nomadic and pastoralist communities of Somalia.

Humanitarian Exchange Magazine

Number 65 November 2015

http://odihpn.org/wp-content/uploads/2015/10/HE_65_web.pdf

Special Feature: The Crisis in Iraq

[Reviewed earlier]

Infectious Agents and Cancer

http://www.infectagentscancer.com/content

[Accessed 28 November 2015]

[No new relevant content identified]

Infectious Diseases of Poverty

http://www.idpjournal.com/content

[Accessed 28 November 2015]

[No new relevant content]

International Health
Volume 7 Issue 6 November 2015
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Epidemiology
Volume 44 Issue 4 August 2015
http://ije.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Infectious Diseases
November 2015 Volume 40, In Progress
http://www.ijidonline.com/issue/S1201-9712%2815%29X0010-5
[Reviewed earlier]

JAMA
November 24, 2015, Vol 314, No. 20
http://jama.jamanetwork.com/issue.aspx
Viewpoint | November 24, 2015
Forced Migration - The Human Face of a Health Crisis
Lawrence O. Gostin, JD1; Anna E. Roberts, LLB, MIPH1
Extract
This Viewpoint discusses ways in which countries can help safeguard the rights and health of refugees, asylum-seekers, and forced migrants.

Addressing a joint session of Congress, Pope Francis said that migrants "travel for a better life.…Is that not what we want for our own children?"1 With that plea, the pontiff placed a human face on the modern migration crisis, with nearly 60 million refugees, asylum-seekers, and internally displaced persons (IDPs) fleeing predominantly from war-torn Syria, Afghanistan, and Somalia2; children comprise half the group. The global response is wholly incommensurate with the need: the European Union agreed to distribute only 120 000 asylum-seekers, and the United States will increase its annual refugee cap from 70 000 to 100 000 by 2017—neither of which will substantially affect the humanitarian crisis.

Original Investigation | November 24, 2015
Prevalence of Body Mass Index Lower Than 16 Among Women in Low- and Middle-Income Countries
Fahad Razak, MD, MSc1,2,3; Daniel J. Corsi, PhD3,4; Arthur S. Slutsky, MD, MASc1,2; Anura Kurpad, MD, PhD5; Lisa Berkman, PhD3; Andreas Laupacis, MD, MSc1,2; S. V. Subramanian, PhD3
Abstract
Importance
Body mass index (BMI) lower than 16 is the most severe category of adult undernutrition and is associated with substantial morbidity, increased mortality, and poor maternal-fetal outcomes

such as low-birth-weight newborns. Little is known about the prevalence and distribution of BMI lower than 16 in low- and middle-income countries (LMIC).
Objective
To determine the prevalence and distribution of BMI lower than 16 and its change in prevalence over time in women in LMIC.
Design, Settings, and Participants
Cross-sectional data analysis composed of nationally representative surveys from 1993 through 2012 from the Demographic and Health Surveys Program. Women aged 20 through 49 years from 60 LMIC (N = 500 761) and a subset of 40 countries with repeated surveys (N = 604 144) were examined.
Exposures
Wealth was measured using a validated asset index, age was categorized in deciles, education by highest completed level (none, primary, secondary, or greater), and place of residence as urban vs rural.
Main Outcomes and Measures
The primary outcome was BMI lower than 16. Analyses assessed the prevalence of BMI lower than 16, its association with sociodemographic factors, and change in prevalence. Logistic regression models were used to calculate odds ratios (ORs), adjusting for survey design and age structure.
Results
Among countries examined, the pooled, weighted, and age-standardized prevalence of BMI lower than 16 was 1.8% (95% CI, 1.7% to 1.8%) with the highest prevalence in India (6.2% [95% CI, 5.9% to 6.5%]), followed by Bangladesh (3.9% [95% CI, 3.4% to 4.3%]), Madagascar (3.4% [95% CI, 2.8% to 4.0%], Timor-Leste (2.9% [95% CI, 2.4% to 3.2%]), Senegal (2.5% [95% CI, 1.9% to 3.2%]), and Sierra Leone (2.2% [95% CI, 1.3% to 3.0%]); and 6 countries had prevalences lower than 0.1% (Albania, Bolivia, Egypt, Peru, Swaziland, and Turkey). The prevalence of BMI lower than 16 in women with a secondary or higher education level was 0.51% (95% CI, 0.47% to 0.55%), and in mutually adjusted models, a less than primary education level was associated with an OR of 1.4 (95% CI, 1.2 to 1.6). The prevalence of BMI lower than 16 was 0.43% (95% CI, 0.37% to 0.48%) in the highest wealth quintile with an OR of 3.0 (95% CI, 2.4 to 3.7) in the lowest wealth quintile. Among the 24 of 39 countries with repeated surveys, there was no decrease in prevalence. In Bangladesh and India, rates were declining with an average absolute change annually of −0.52% (95% CI, −0.58% to −0.46%) in Bangladesh and −0.11% (95% CI, −0.12% to −0.10%) in India.
Conclusions and Relevance
Among women in 60 LMIC, the prevalence of BMI lower than 16 was 1.8%, and was associated with poverty and low education levels. Prevalence of BMI lower than 16 did not decrease over time in most countries studied.

JAMA Pediatrics
November 2015, Vol 169, No. 11
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

Journal of Community Health
Volume 40, Issue 6, December 2015

http://link.springer.com/journal/10900/40/4/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
November 2015, Volume 69, Issue 11
http://jech.bmj.com/content/current
[Reviewed earlier]

Journal of Global Ethics
Volume 11, Issue 2, 2015
http://www.tandfonline.com/toc/rjge20/.U2V-Elf4L0I#.VAJEj2N4WF8
[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)
July-September 2015 Volume 7 | Issue 3 Page Nos. 95-124
http://www.jgid.org/currentissue.asp?sabs=n
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 26, Number 4, November 2015
https://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/toc/hpu.26.4.html
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 17, Issue 6, December 2015
http://link.springer.com/journal/10903/17/6/page/1
Special issue : Mental Health and Substance Use
[Reviewed earlier]

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
[Reviewed earlier]

Journal of Infectious Diseases
Volume 212 Issue 9 November 1, 2015
http://jid.oxfordjournals.org/content/current
[Reviewed earlier]

The Journal of Law, Medicine & Ethics
Fall 2015 Volume 43, Issue 3 Pages 437–666
http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-3/issuetoc
[Reviewed earlier]

Journal of Medical Ethics
November 2015, Volume 41, Issue 11
http://jme.bmj.com/content/current
[Reviewed earlier]

Journal of Medical Microbiology
Volume 64, Issue 10, October 2015
http://jmm.microbiologyresearch.org/content/journal/jmm/64/10;jsessionid=2we3ohkljd6vw.x-sgm-live-03
[Reviewed earlier]

Journal of Patient-Centered Research and Reviews
Volume 2, Issue 4 (2015)
http://digitalrepository.aurorahealthcare.org/jpcrr/
[New issue; No relevant content identified]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 4 Issue 4 December 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 4 (November 2015)
http://www.palgrave-journals.com/jphp/journal/v36/n4/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
December 2015, volume 89, issue 24
http://jvi.asm.org/content/current
[New issue; No relevant content identified]

The Lancet
Nov 28, 2015 Volume 386 Number 10009 p2117-2226 e45
http://www.thelancet.com/journals/lancet/issue/current
Editorial
The Global Burden of Diseases: living with disability
The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)01096-X
Summary
The UN observes the International Day of Persons with Disabilities on Dec 3, 2015. This year, three themes are highlighted in the agenda: making cities inclusive for all, improving disability data and statistics, and including those with invisible disabilities in society and development. These themes echo the specific mention of persons with disabilities in five of the Sustainable Development Goals (SDGs): education; economic growth and employment; creation of inclusive, safe, resilient, and sustainable cities; reduction of inequalities; and data collection related to monitoring the SDGs.

Editorial
Ebola: lessons for future pandemics
The Lancet
DOI: http://dx.doi.org/10.1016/S0140-6736(15)01097-1
Summary
At the time of writing, hopes that the devastating west African Ebola outbreak was finally coming to its end were diminished by the recent confirmation of three new cases of the disease in Liberia. The country had previously been declared Ebola free on Sept 3—followed by Sierra Leone on Nov 7 and Guinea on Nov 19. The outbreak, which killed more than 11 000 people and infected at least 28 000, is the largest of its kind and a stark reminder of the fragility of health security in an interdependent world.

Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition
GBD 2013 DALYs and HALE Collaborators Christopher J L Murray et al
Summary
Background
The Global Burden of Disease Study 2013 (GBD 2013) aims to bring together all available epidemiological data using a coherent measurement framework, standardised estimation methods, and transparent data sources to enable comparisons of health loss over time and across causes, age–sex groups, and countries. The GBD can be used to generate summary measures such as disability-adjusted life-years (DALYs) and healthy life expectancy (HALE) that

make possible comparative assessments of broad epidemiological patterns across countries and time. These summary measures can also be used to quantify the component of variation in epidemiology that is related to sociodemographic development.

Methods

We used the published GBD 2013 data for age-specific mortality, years of life lost due to premature mortality (YLLs), and years lived with disability (YLDs) to calculate DALYs and HALE for 1990, 1995, 2000, 2005, 2010, and 2013 for 188 countries. We calculated HALE using the Sullivan method; 95% uncertainty intervals (UIs) represent uncertainty in age-specific death rates and YLDs per person for each country, age, sex, and year. We estimated DALYs for 306 causes for each country as the sum of YLLs and YLDs; 95% UIs represent uncertainty in YLL and YLD rates. We quantified patterns of the epidemiological transition with a composite indicator of sociodemographic status, which we constructed from income per person, average years of schooling after age 15 years, and the total fertility rate and mean age of the population. We applied hierarchical regression to DALY rates by cause across countries to decompose variance related to the sociodemographic status variable, country, and time.

Findings

Worldwide, from 1990 to 2013, life expectancy at birth rose by 6·2 years (95% UI 5·6–6·6), from 65·3 years (65·0–65·6) in 1990 to 71·5 years (71·0–71·9) in 2013, HALE at birth rose by 5·4 years (4·9–5·8), from 56·9 years (54·5–59·1) to 62·3 years (59·7–64·8), total DALYs fell by 3·6% (0·3–7·4), and age-standardised DALY rates per 100 000 people fell by 26·7% (24·6–29·1). For communicable, maternal, neonatal, and nutritional disorders, global DALY numbers, crude rates, and age-standardised rates have all declined between 1990 and 2013, whereas for non–communicable diseases, global DALYs have been increasing, DALY rates have remained nearly constant, and age-standardised DALY rates declined during the same period. From 2005 to 2013, the number of DALYs increased for most specific non-communicable diseases, including cardiovascular diseases and neoplasms, in addition to dengue, food-borne trematodes, and leishmaniasis; DALYs decreased for nearly all other causes. By 2013, the five leading causes of DALYs were ischaemic heart disease, lower respiratory infections, cerebrovascular disease, low back and neck pain, and road injuries. Sociodemographic status explained more than 50% of the variance between countries and over time for diarrhoea, lower respiratory infections, and other common infectious diseases; maternal disorders; neonatal disorders; nutritional deficiencies; other communicable, maternal, neonatal, and nutritional diseases; musculoskeletal disorders; and other non-communicable diseases. However, sociodemographic status explained less than 10% of the variance in DALY rates for cardiovascular diseases; chronic respiratory diseases; cirrhosis; diabetes, urogenital, blood, and endocrine diseases; unintentional injuries; and self-harm and interpersonal violence. Predictably, increased sociodemographic status was associated with a shift in burden from YLLs to YLDs, driven by declines in YLLs and increases in YLDs from musculoskeletal disorders, neurological disorders, and mental and substance use disorders. In most country-specific estimates, the increase in life expectancy was greater than that in HALE. Leading causes of DALYs are highly variable across countries.

Interpretation

Global health is improving. Population growth and ageing have driven up numbers of DALYs, but crude rates have remained relatively constant, showing that progress in health does not mean fewer demands on health systems. The notion of an epidemiological transition—in which increasing sociodemographic status brings structured change in disease burden—is useful, but there is tremendous variation in burden of disease that is not associated with sociodemographic

status. This further underscores the need for country-specific assessments of DALYs and HALE to appropriately inform health policy decisions and attendant actions.
Funding
Bill & Melinda Gates Foundation.

Health Policy
Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola
Suerie Moon, Devi Sridhar, Muhammad A Pate, Ashish K Jha, Chelsea Clinton, Sophie Delaunay, Valnora Edwin, Mosoka Fallah, David P Fidler, Laurie Garrett, Eric Goosby, Lawrence O Gostin, David L Heymann, Kelley Lee, Gabriel M Leung, J Stephen Morrison, Jorge Saavedra, Marcel Tanner, Jennifer A Leigh, Benjamin Hawkins, Liana R Woskie, Peter Piot
Summary
The west African Ebola epidemic that began in 2013 exposed deep inadequacies in the national and international institutions responsible for protecting the public from the far-reaching human, social, economic, and political consequences of infectious disease outbreaks. The Ebola epidemic raised a crucial question: what reforms are needed to mend the fragile global system for outbreak prevention and response, rebuild confidence, and prevent future disasters? To address this question, the Harvard Global Health Institute and the London School of Hygiene & Tropical Medicine jointly launched the Independent Panel on the Global Response to Ebola.

Viewpoint
The International Health Regulations 10 years on: the governing framework for global health security
Prof Lawrence O Gostin, JD, Mary C DeBartolo, JD, Eric A Friedman, JD
Published Online: 22 November 2015
Summary
Fundamental revisions to the International Health Regulations in 2005 were meant to herald a new era of global health security and cooperation. Yet, 10 years later, the International Health Regulations face criticism, particularly after the west African Ebola epidemic. Several high-level panels1 are reviewing the International Health Regulations' functions and urging reforms.2 The Global Health Security Agenda, a multilateral partnership focused on preventing, detecting, and responding to natural, accidental, or intentional disease outbreaks, has similar capacity building aims, but operates largely outside the International Health Regulations.

The Lancet Infectious Diseases
Nov 2015 Volume 15 Number 11 p1243-1360
http://www.thelancet.com/journals/laninf/issue/current
[Reviewed earlier]

Maternal and Child Health Journal
Volume 19, Issue 11, November 2015
http://link.springer.com/journal/10995/19/11/page/1
[Reviewed earlier]

Medical Decision Making (MDM)
November 2015; 35 (8)
http://mdm.sagepub.com/content/current
[Reviewed earlier]

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
[Reviewed earlier]

Nature
Volume 527 Number 7579 pp410-556 26 November 2015
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content identified]

Nature Medicine
November 2015, Volume 21 No 11 pp1235-1371
http://www.nature.com/nm/journal/v21/n11/index.html
[Reviewed earlier]

Nature Reviews Immunology
November 2015 Vol 15 No 11
http://www.nature.com/nri/journal/v15/n11/index.html
[New issue; No relevant content identified]

New England Journal of Medicine
November 26, 2015 Vol. 373 No. 22
http://www.nejm.org/toc/nejm/medical-journal
[New issue; No relevant content identified]

Pediatrics
November 2015, VOLUME 136 / ISSUE 5
http://pediatrics.aappublications.org/content/136/5?current-issue=y
[Reviewed earlier]

Pharmaceutics
Volume 7, Issue 3 (September 2015), Pages 90-362
http://www.mdpi.com/1999-4923/7/3
[Reviewed earlier]

PharmacoEconomics
Volume 33, Issue 11, November 2015
http://link.springer.com/journal/40273/33/10/page/1
[Reviewed earlier]

PLOS Currents: Disasters
http://currents.plos.org/disasters/
[Accessed 28 November 2015]
[No new content]

PLoS Currents: Outbreaks
http://currents.plos.org/outbreaks/
(Accessed 28 November 2015)
[No new content]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 28 November 2015)
The HIV Treatment Gap: Estimates of the Financial Resources Needed versus Available for Scale-Up of Antiretroviral Therapy in 97 Countries from 2015 to 2020
Arin Dutta, Catherine Barker, Ashley Kallarakal
Research Article | published 24 Nov 2015 | PLOS Medicine
10.1371/journal.pmed.1001907

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 28 November 2015)
Impact of the Neglected Tropical Diseases on Human Development in the Organisation of Islamic Cooperation Nations
Peter J. Hotez, Jennifer R. Herricks
Editorial | published 25 Nov 2015 | PLOS Neglected Tropical Diseases
10.1371/journal.pntd.0003782
Extract

The employment of a new "worm index" of human development, together with additional published health information, confirms the important role neglected tropical diseases (NTDs) play in hindering the advancement of many of the world's Muslim-majority countries.

The Organisation of Islamic Cooperation (OIC, previously the Organisation of the Islamic Conference) is the major inter-governmental organization of 57 Muslim-majority countries, with a mission to promote human rights (especially those of children, women, and the elderly), education, trade, and good governance (Fig 1) [1]. Under the OIC charter, the advancement of science and technology through cooperative research is also a key component [1,2]. In 2009, one of us (PJH) reviewed the available data on the major NTDs and found that many of these diseases disproportionately affected OIC countries, particularly the poorest nations of the Sahel

and elsewhere in sub-Saharan Africa and Asia [3]. A previous survey of the 28 largest OIC nations—each with a population of at least 10 million people and comprising more than 90% of the populations of the OIC—found that they accounted for 35%–40% of the world's soil-transmitted helminth infections and 46% of cases of schistosomiasis, in addition to approximately 20% of the cases of trachoma and leprosy [3]. Given the known impact of these NTDs on both public health and socioeconomic development, it was recommended that scale-up of mass treatment for these diseases should commence in the most affected OIC nations [3]. However, we find that it has been difficult to make progress against poverty and NTDs in the OIC nations…

PLoS One
http://www.plosone.org/
[Accessed 28 November 2015]
Beyond Rational Decision-Making: Modelling the Influence of Cognitive Biases on the Dynamics of Vaccination Coverage
Marina Voinson, Sylvain Billiard, Alexandra Alvergne
Research Article | published 23 Nov 2015 | PLOS ONE
10.1371/journal.pone.0142990
Abstract
Background
Theoretical studies predict that it is not possible to eradicate a disease under voluntary vaccination because of the emergence of non-vaccinating "free-riders" when vaccination coverage increases. A central tenet of this approach is that human behaviour follows an economic model of rational choice. Yet, empirical studies reveal that vaccination decisions do not necessarily maximize individual self-interest. Here we investigate the dynamics of vaccination coverage using an approach that dispenses with payoff maximization and assumes that risk perception results from the interaction between epidemiology and cognitive biases.
Methods
We consider a behaviour-incidence model in which individuals perceive actual epidemiological risks as a function of their opinion of vaccination. As a result of confirmation bias, sceptical individuals (negative opinion) overestimate infection cost while pro-vaccines individuals (positive opinion) overestimate vaccination cost. We considered a feedback between individuals and their environment as individuals could change their opinion, and thus the way they perceive risks, as a function of both the epidemiology and the most common opinion in the population.
Results
For all parameter values investigated, the infection is never eradicated under voluntary vaccination. For moderately contagious diseases, oscillations in vaccination coverage emerge because individuals process epidemiological information differently depending on their opinion. Conformism does not generate oscillations but slows down the cultural response to epidemiological change.
Conclusion
Failure to eradicate vaccine preventable disease emerges from the model because of cognitive biases that maintain heterogeneity in how people perceive risks. Thus, assumptions of economic rationality and payoff maximization are not mandatory for predicting commonly observed dynamics of vaccination coverage. This model shows that alternative notions of rationality, such as that of ecological rationality whereby individuals use simple cognitive heuristics, offer promising new avenues for modelling vaccination behaviour.

PLoS Pathogens
http://journals.plos.org/plospathogens/
(Accessed 28 November 2015)
[No new relevant content identified]

PNAS - Proceedings of the National Academy of Sciences of the United States of America
http://www.pnas.org/content/early/
(Accessed 28 November 2015)
[No new relevant content identified]

Pneumonia
Vol 6 (2015)
https://pneumonia.org.au/index.php/pneumonia/issue/current
[Reviewed earlier]

Prehospital & Disaster Medicine
Volume 30 - Issue 05 - October 2015
https://journals.cambridge.org/action/displayIssue?jid=PDM&tab=currentissue
[Reviewed earlier]

Preventive Medicine
Volume 80, Pages 1-106 (November 2015)
http://www.sciencedirect.com/science/journal/00917435/80
Special Issue: Behavior change, health, and health disparities
[Reviewed earlier]

Proceedings of the Royal Society B
22 November 2015; volume 282, issue 1819
http://rspb.royalsocietypublishing.org/content/282/1806?current-issue=y
[New issue; No relevant content identified]

Public Health Ethics
Volume 8 Issue 3 November 2015
http://phe.oxfordjournals.org/content/current
Special Symposium: Antimicrobial Resistance
[Reviewed earlier]

Qualitative Health Research

November 2015; 25 (11)
http://qhr.sagepub.com/content/current
[Reviewed earlier]

Reproductive Health
http://www.reproductive-health-journal.com/content
[Accessed 28 November 2015]
Research
Predictors of skilled assistance seeking behavior to pregnancy complications among women at southwest Ethiopia: a cross-sectional community based study
Serawit Lakew, Erdaw Tachbele, Terefe Gelibo
Reproductive Health 2015, 12:109 (28 November 2015)

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
September 2015 Vol. 38, No. 3
http://www.paho.org/journal/
[Reviewed earlier]

Risk Analysis
November 2015 Volume 35, Issue 11 Pages 1957–2119
http://onlinelibrary.wiley.com/doi/10.1111/risa.2015.35.issue-10/issuetoc
Original Research Article
Building a Human Health Risk Assessment Ontology (RsO): A Proposed Framework
Thomas E. McKone1,2,* and Lydia Feng1
Article first published online: 15 MAY 2015
DOI: 10.1111/risa.12414
Abstract
Over the last decade the health and environmental research communities have made significant progress in collecting and improving access to genomic, toxicology, exposure, health, and disease data useful to health risk assessment. One of the barriers to applying these growing volumes of information in fields such as risk assessment is the lack of informatics tools to organize, curate, and evaluate thousands of journal publications and hundreds of databases to provide new insights on relationships among exposure, hazard, and disease burden. Many fields are developing ontologies as a way of organizing and analyzing large amounts of complex information from multiple scientific disciplines. Ontologies include a vocabulary of terms and concepts with defined logical relationships to each other. Building from the recently published exposure ontology and other relevant health and environmental ontologies, this article proposes an ontology for health risk assessment (RsO) that provides a structural framework for organizing risk assessment information and methods. The RsO is anchored by eight major concepts that were either identified by exploratory curations of the risk literature or the exposure-ontology working group as key for describing the risk assessment domain. These concepts are: (1) stressor, (2) receptor, (3) outcome, (4) exposure event, (5) dose-response approach, (6) dose-response metric, (7) uncertainty, and (8) measure of risk. We illustrate the

utility of these concepts for the RsO with example curations of published risk assessments for ionizing radiation, arsenic in drinking water, and persistent pollutants in salmon.

Science
27 November 2015 vol 350, issue 6264, pages 1001-1124
http://www.sciencemag.org/current.dtl
Report
Predicting poverty and wealth from mobile phone metadata
Joshua Blumenstock1,*, Gabriel Cadamuro2, Robert On3
Author Affiliations
1Information School, University of Washington, Seattle, WA 98195, USA.
2Department of Computer Science and Engineering, University of Washington, Seattle, WA 98195, USA.
3School of Information, University of California, Berkeley, Berkeley, CA 94720, USA.
Abstract
Accurate and timely estimates of population characteristics are a critical input to social and economic research and policy. In industrialized economies, novel sources of data are enabling new approaches to demographic profiling, but in developing countries, fewer sources of big data exist. We show that an individual's past history of mobile phone use can be used to infer his or her socioeconomic status. Furthermore, we demonstrate that the predicted attributes of millions of individuals can, in turn, accurately reconstruct the distribution of wealth of an entire nation or to infer the asset distribution of microregions composed of just a few households. In resource-constrained environments where censuses and household surveys are rare, this approach creates an option for gathering localized and timely information at a fraction of the cost of traditional methods.

Social Science & Medicine
Volume 144, Pages 1-148 (November 2015)
http://www.sciencedirect.com/science/journal/02779536/144
[Reviewed earlier]

Tropical Medicine and Health
Vol. 43(2015) No. 3 Sep
https://www.jstage.jst.go.jp/browse/tmh/43/0/_contents
[Reviewed earlier]

Tropical Medicine & International Health
November 2015 Volume 20, Issue 11 Pages 1405–1589
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-11/issuetoc
[Reviewed earlier]

Vaccine
Volume 33, Issue 47, Pages 6371-6502 (25 November 2015)

http://www.sciencedirect.com/science/journal/0264410X/33/46

Advancing Maternal Immunization Programs through Research in Low and Medium Income Countries

Edited by M. Nesin, J. Read, M. Koso-Thomas, M. Brewinski Isaacs and A. Sobanjo-ter Meulen

[23 articles focused to the maternal immunization issue theme]

Maternal Immunization: Current status and future prospects

Editorial

Page 6371

Mirjana Nesin, Jennifer Read, Marion Koso-Thomas, Maggie Brewinski Isaacs, Ajoke Sobanjo-ter Meulen

Overwhelming evidence demonstrates the benefits of vaccines to individuals (both children and adults) and to the public, primarily via herd immunity. The Global Vaccine Action Plan (GVAP), approved by the World Health Assembly in 2012, strives to 'provide full benefits of vaccination to all people', while Millennium Development Goals 4 and 5 work toward reduced child mortality and improved maternal health. Immunizing mothers during pregnancy (MI) against vaccine-preventable diseases has the potential to improve health outcomes in both mothers and their infants and to meet GVAP and Millennium Goals. MI may emerge as a key strategy to address neonatal mortality in particular, which accounts for almost half of all under five deaths globally.

Aside from the success of the Maternal and Neonatal Tetanus Elimination (MNTE) program, population data are now available for other successful MI programs, for example, in Argentina (described in this issue), and in the United Kingdom [1]. These programs have demonstrated the feasibility and effectiveness of MI programs in high, medium and low income counties. No safety signals related to the vaccines administered as part of these programs were observed.

An increasing amount of data regarding the efficacy and immunogenicity of MI in both mothers and their infants are becoming available. For example, studies have demonstrated the efficacy of influenza vaccines in protecting pregnant women and their infants, and the safety and effectiveness of maternal Tdap vaccination has been demonstrated in a large population of pregnant women [1], [2] and [3]. There is the potential for the results of ongoing trials of new RSV and GBS vaccines to contribute to the basis of licensure for a MI indication. An enabling regulatory and policy environment would facilitate introduction of new, and expanding indications of licensed, vaccines to include pregnant women.

However, major knowledge gaps and implementation challenges remain. They are related to the lack of descriptive epidemiologic data, especially in low and medium income countries (LMICs); the lack of harmonized definitions across studies, allowing meta-analyses and improved pharmacovigilance across studies and reporting systems; better understanding of infrastructure and experience with conducting clinical trials in LMICs settings; lack of integrated approaches to antenatal care, etc. The manuscripts included in this issue attempt to address some of these challenges: several studies describe the epidemiology of vaccine-preventable diseases (Polack et al., Halasa et al., Searle et al.); address harmonization of terms and definitions (Munoz et al.; Fulton et al.); provide perspective by researchers in LICs (Laufer et al., Cutland et al.); and describe regulatory (Gruber) and ethical (White and Madhi) aspects of MI.

Strong partnerships among a diverse set of institutions and geographies are needed to overcome knowledge gaps, implement studies, develop polices, and evaluate the efficacy and effectiveness of MI. A conference organized by NIH and BMGF in 2014 was a collaborative effort that brought together key global experts and stakeholders. Some authors of the manuscripts in this issue were presenters at the conference. The objectives of the conference and this special issue of Vaccine are to address knowledge gaps and identify approaches to move this important field forward worldwide.

Maternal immunization – Promises and concerns
Pages 6372-6373
Janet A. Englund
Abstract
In this issue of Vaccine, the maternal immunization platform as an approach to protect mothers and infants against diverse pathogens is presented. Potential vaccine targets and the safety, science, trial designs, ethical considerations, and international perspectives focusing on low and middle income countries (LMIC) are discussed. This information provides a timely update because maternal immunization is increasingly being considered as an intervention to prevent maternal and/or neonatal disease. Prioritization of vaccine targets for maternal immunization by researchers, public health officials and health care workers needs to begin now.

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 28 November 2015)
[No new relevant content identified]

Value in Health
November 2015 Volume 18, Issue 7
http://www.valueinhealthjournal.com/current
[Reviewed earlier]

[back to top/Contents]

* * * *

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

No new digest content identified.

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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.

The Atlantic
http://www.theatlantic.com/magazine/
Accessed 28 November 2015
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 28 November 2015
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 28 November 2015
[No new, unique, relevant content]

Financial Times
http://www.ft.com/hme/uk
Accessed 28 November 2015
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 28 November 2015
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 28 November 2015
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 28 November 2015
[No new, unique, relevant content]

The Guardian

http://www.guardiannews.com/
Accessed 28 November 2015

Ebola overwhelmed the World Health Organisation: it must never happen again

26 November 2015
by Matshidiso Moeti, World Health Organisation's regional director for Africa

At the World Health Organisation's regional office for Africa, change is afoot across a number of key areas in an effort to prevent another Ebola-like crisis.

The Ebola outbreak in west Africa and its devastating toll on human life were stark reminders of the dangers posed by weak health systems. For the international community, the outbreak highlighted the importance of health security and epidemic preparedness, and demonstrated just how quickly local disease outbreaks can become global issues.

There is almost universal agreement that the international response to the outbreak was inadequate – it was too slow, too little and too late. All responders, including the World Health Organisation (WHO), were overwhelmed by the scale and devastation of the disease.

Fortunately, thanks to the herculean efforts of local and global partners, we have been largely able to halt this deadly epidemic. Yet there is evidence that the virus may persist for months in some survivors, leading to flare-ups of the disease, as occurred last week in Liberia.

Now is not the time for complacency; it is a moment for cautious optimism, reflection and action. The next outbreak, whatever and wherever it may be, could present new and even more complex challenges, and we must be prepared. This is not merely an option, it is a mandate. At the WHO regional office for Africa (WHO Afro), we take our responsibility to deliver on this mandate very seriously. To prevent another crisis like the one we just experienced, we are changing the way we do business – quickly and substantively.

This week, we took a step in the right direction. At the 65th session of the WHO regional committee for Africa in N'Djamena, Chad, health ministers and senior officials from WHO Afro's 47 member states endorsed a transformation agenda. This agenda will make WHO Afro the responsive, transparent and effective health agency the region needs and deserves.

Our reform efforts focus on four key areas. We will promote and instil shared values such as excellence, innovation, accountability and transparency. We will focus the technical work of the WHO secretariat on the region's most important health problems, ensuring that evidence-based interventions are employed when and where they are most needed. We will build responsive strategic operations and strengthen management capacity to improve the way in which resources are matched to pressing health challenges. And we will enhance strategic partnerships and more effectively articulate and communicate our contribution to health development across the region.

These four focus areas are not just talking points. They will be measured and evaluated against a robust set of performance indicators, with rigorous monitoring and evaluation to gauge progress. They will be used to hold WHO Afro – and me – accountable to our most important stakeholders: Africa's people.

In many ways, our transformation has already begun. Since February, we have been working to strengthen epidemic preparedness and response in 14 non-Ebola countries, resulting in the successful control of meningitis outbreaks in Niger, cholera among refugees in in the Tanzanian port town of Kigoma, and typhoid in Zambia. We've improved our collaboration with international partners, including the African Union commission, as we work toward the establishment of the African Centres for Disease Control. We're working to grow Africa's health research capacity, strengthen health systems and, ultimately, ensure universal health coverage.

These vital reforms come at a crucial moment. Just two months ago, the international community agreed a new framework, the sustainable development goals, designed to guide our collective efforts to build a better, healthier and more sustainable world over the next 15 years. While the African region has come a long way toward improving the health and wellbeing of its citizens, a renewed push is needed to fulfil the unfinished work of the millennium development goals and realise the promise of the this new agenda.

Guided by our transformation agenda, WHO Afro stands ready to lead in this new era. But we cannot do it alone. Achieving truly transformative change across the region will require support from governments, industry, civil society, academia and local communities. We must all step up and commit to achieving the sustainable development goals and building the Africa we want to leave behind for our children.

I am convinced that, by working together, we can and will bring health in the African region to a new level. The time to start is now.

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Fixes
Amid Failure and Chaos, an Ebola Vaccine
By Tina Rosenberg
November 24, 2015 3:30 am
Excerpt

…The Ebola vaccine is a double achievement. Researchers proved the effectiveness not just of a novel vaccine, but also of a novel method of testing it rapidly, in chaotic conditions and without traditional clinical trials. Even as it was being tested, the vaccine was helping to contain Ebola. Today, hopes are high that it will administer the coup de grace to the epidemic. How was this achieved? And what can the world learn that will save lives and money in fighting future outbreaks of Ebola or other pathogens?...

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 28 November 2015
Opinion
Commentary
A Post-Ebola Plan for Sierra Leone
We need reforms that will help us recover from this crisis and boost our resiliency against the next.
26 November 2015
By Ernest Bai Koroma, President of Sierra Leone.

Earlier this month, Sierra Leone was finally declared free of Ebola. The celebrations in Freetown and across the country were jubilant, but our victory was bittersweet. So many of our brothers and sisters lost their lives fighting this evil virus. Families were broken. Children were orphaned. Our communities were plagued by fear and the hopelessness that the situation may never improve.

Today, our understanding of what is needed for our country to recover is clearer than ever. The devastation caused by Ebola was symptomatic of wider problems. My government is not only focusing on rebuilding Sierra Leone but also on pre-empting future disasters. We are confident we will come back stronger than ever….

… I have an ambitious six-point plan for a better Sierra Leone: Instigate governance and system reform. Ebola caused socio-economic devastation, but the systems developed under this pressure serve as powerful examples of how to improve. These changes will stamp out corruption and encourage transparency for sustainable, Sierra Leonean-led development. Promote social cohesion, education and community mobilization. We need to develop programs and awareness campaigns that reinforce the reforms, working toward gaining the trust of the Sierra Leone people, increasing the legitimacy of government and harnessing the untapped human capital that will be a major safeguard against future crisis….

Washington Post
http://www.washingtonpost.com/
Accessed 28 November 2015
Editorial Board | Editorial-Opinion | Nov 28, 2015
Everything went wrong in the Ebola outbreak. We're still not ready if it happens again.
A report on the disaster underscores the risks of being ill-prepared.
ALMOST EVERYTHING that could go wrong did go wrong in the world's early response to the outbreak of the Ebola virus in West Africa in 2014. Before it was over, the virus infected some 28,634 people and claimed more than 11,000 lives. It could happen again — and the world is still not ready.

Guinea had a weak health-care system when the virus took root in its remote regions, making it easier for the virus to spread to neighboring Liberia and Sierra Leone. Guinean authorities played down the seriousness for fear of creating panic and disrupting business. The World Health Organization declared the outbreak "relatively small still" in April 2014, and expert teams that had been sent in to the region were pulled out prematurely in May. WHO outbreak response teams had been "disproportionally" cut in a wave of headquarters layoffs. Margaret Chan, director general of the WHO, did not use her authority to declare a public-health emergency of international concern until five months after Guinea and Sierra Leone had notified the organization. Even after the emergency was declared, and a substantial global response was mobilized, "this response arrived late, was slow to deliver funds and health workers, was inflexible in adapting to rapidly changing conditions on the ground, was inadequately informed about cultural factors relevant to outbreak control, and was poorly coordinated," according to a new study. "The result was, in essence, a $5 billion scramble."

This is a sample of the findings contained in a report made public Nov. 22 by an independent panel of 19 experts who examined responses to the outbreak, particularly by the WHO, an agency of the United Nations. The report describes a cascade of failures and serves as a reminder that the existing methods of coping with infectious disease outbreaks are fragmented and fragile. The panel, launched by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine, found that during the Ebola outbreak, the WHO fell down in all of its core functions: helping nations build up health-care capacity, providing early warning, establishing technical norms and mobilizing resources. The agency now faces an "existential crisis of confidence," is "starved" of resources and "seems to have lost its way," the experts write. "Confidence in the organization's capacity to lead is at an all-time low."

Before another bacterium or virus goes on a rampage, the panel recommends bolstering the WHO's ability to respond quickly, including with a worldwide research and development fund for diagnostics, drugs and vaccines for diseases that have been neglected by the pharmaceutical industry. In many poor countries, basic health-care systems are still lacking, hampering their ability to fight outbreaks. It is also essential that governments give early warning of disease, regardless of the consequences. Response teams must take into account not only health and science concerns but also the beliefs, traditions, cultures and fears of local populations. The world fails to learn these lessons of Ebola at its peril.

Think Tanks et al

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Center for Global Development
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Right Idea on Ross Malaria Funding, Wrong Execution: Amanda Glassman
11/25/15
Amanda Glassman
This is a joint post with Andrew Rogerson, ODI.

The United Kingdom, in its new Aid Strategy out this week, and the Bill & Melinda Gates Foundation have jointly announced the creation of a £1 billion Ross Fund (named after a pioneering scientist) to fight malaria and neglected tropical diseases. Through intensified research and in-country programs, the Fund will help tackle the unacceptable blight on our humanity caused by these diseases and potentially make millions of lives better.

What's not to like? …

Council on Foreign Relations
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