



Vaccines and Global Health: The Week in Review
12 November 2016
Center for Vaccine Ethics & Policy (CVEP)

This weekly digest 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 (EST/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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Milestones :: Perspectives

Haiti begins vaccination campaign against cholera in areas most affected by Hurricane Matthew

Les Cayes, Haiti, 9 November 2016 (PAHO/WHO) - A large contingent of national supervisors, nurses, health workers and criers, or town criers, are being mobilized by the Ministry of Health and Population of Haiti to vaccinate some 800,000 people living in 16 communes in the departments of Sud and Grand'Anse, the areas most affected by Hurricane Mathew a month ago.

The campaign, which has the support of the Pan American Health Organization/World Health Organization (PAHO/WHO) and other partners, began yesterday and will run until November 14. The objective is to reduce the morbidity and mortality caused by cholera and to prevent the spread of the disease in other departments of the country. To ensure that there is collective protection a vaccine will be applied to each person over one year of age living in the 16 communes targeted for vaccination. **According to experts, this single [does of] vaccine will avoid between 60% and 70% of severe cases of cholera.**

As part of this vaccination campaign, PAHO / WHO mobilized a group of epidemiologists and immunization experts to provide technical support for the campaign. Vaccines provided by the GAVI alliance are already on the ground, and the International Medical Corps (IMC), UNICEF and other vaccination partners have readied components for the campaign. These include preservation of the cold chain to keep vaccines potent, social mobilization actions, and logistical support for vaccination brigades.

The Minister of Health of Haiti, Daphnée Benoit Delsoin, stressed that "Vaccination is a tool for the control of cholera; it is an additional measure to achieve the elimination of cholera in Haiti." The minister launched the campaign in Les Cayes and applied the first dose of the oral vaccine against cholera. The launch took place in Les Cayes, with the presence of local authorities such as the mayor, parliamentary deputy of the area, representative of the president at local level, among others.

"Vaccination is complementary to other preventive measures," said Jean Luc Poncelet, PAHO / WHO representative in Haiti, at the launch of the campaign. "Each person must be a leader of change: daily chlorination of water in the house, drinking potable water, rehydration if there is diarrhea, and seeking treatment. To avoid deaths, there are health services that are working and available. "...

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Measles jab saves over 20 million young lives in 15 years, but hundreds of children still die of the disease every day

Joint news release CDC/GAVI/UNICEF/WHO

10 November 2016 / NEW YORK/ATLANTA/GENEVA - Despite a 79% worldwide decrease in measles deaths between 2000 and 2015, nearly 400 children still die from the disease every day, leading health organizations said in a report released today.

"Making measles history is not mission impossible," said Robin Nandy, UNICEF Immunization Chief. "We have the tools and the knowledge to do it; what we lack is the political will to reach every single child, no matter how far. Without this commitment, children will continue to die from a disease that is easy and cheap to prevent."

Mass measles vaccination campaigns and a global increase in routine measles vaccination coverage saved an estimated 20.3 million young lives between 2000 and 2015, according to UNICEF; WHO; Gavi, the Vaccine Alliance; and the Centers for Disease Control and Prevention (CDC).

But progress has been uneven. In 2015, about 20 million infants missed their measles shots and an estimated 134 000 children died from the disease. The Democratic Republic of the Congo, Ethiopia, India, Indonesia, Nigeria and Pakistan account for half of the unvaccinated infants and 75% of the measles deaths.

"It is not acceptable that millions of children miss their vaccines every year. We have a safe and highly effective vaccine to stop the spread of measles and save lives," said Dr. Jean-Marie Okwo-Bele, Director of WHO's Department of Immunization, Vaccines and Biologicals. "This year, the Region of the Americas was declared free of measles – proof that elimination is possible. Now, we must stop measles in the rest of the world. It starts with vaccination."

"Measles is a key indicator of the strength of a country's immunization systems and, all too often, it ends up being the canary in the coalmine with outbreaks acting as the first warning of deeper problems," said Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance. "To address one of the world's most deadly vaccine-preventable childhood killers we need strong commitments from countries and partners to boost routine immunization coverage and to strengthen surveillance systems."...

Measles outbreaks in numerous countries – caused by gaps in routine immunization and in mass vaccination campaigns – continue to be a serious challenge. In 2015, large outbreaks were reported in Egypt, Ethiopia, Germany, Kyrgyzstan and Mongolia. The outbreaks in Germany and Mongolia affected older persons, highlighting the need to vaccinate adolescents and young adults who have no protection against measles.

Measles also tends to flare up in countries in conflict or humanitarian emergencies due to the challenges of vaccinating every child. Last year, outbreaks were reported in Nigeria, Somalia and South Sudan.

Measles elimination in 4 of 6 WHO regions is the global target at the midpoint of the *Global Vaccine Action Plan* implementation. "The world has missed this target, but we can achieve measles elimination as we have seen in the Region of the Americas," said Dr. Rebecca Martin, director of CDC's Center for Global Health. "As the African adage goes, 'it takes a village to raise a child' and it takes the same local and global villages to protect children against measles. We can eliminate measles from countries and everyone needs to play a role. This year's report

shows that the 2015 WHO regional measles elimination goals were not met because not every child has been reached – gaps exist. We need to close these gaps, ensure that commitments for adequate human and financial resources are kept and used well to reach every child, detect and respond to every case of measles, and prevent further spread. These efforts will protect all children so that they can become the next generation of leaders. This will also ensure that every country has a strong safety net to stop disease threats where they occur and protect the world from global health threats."

[Weekly Epidemiological Record, 11 November 2016, vol. 91, 45 \(pp. 525–536\)](#)

:: Progress towards regional measles elimination – worldwide, 2000–2015

:: Monthly report on dracunculiasis cases, January– September 2016

Gavi [to 12 November 2016]

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

10 November 2016

[Measles jab saves over 20 million young lives in 15 years, but hundreds of children still die of the disease every day](#)

Measles outbreaks in numerous countries – caused by gaps in routine immunisation and in mass vaccination campaigns – continue to be a serious challenge.

[Strong commitment needed to strengthen measles immunisation](#)

Global routine immunisation coverage for the first dose of measles has stagnated in the last five years.

Geneva, 10 November 2016 - Measles remains one of the leading causes of death among children under five despite the availability of a safe and effective vaccine, according to new data released by UNICEF, the World Health Organization (WHO), Gavi, the Vaccine Alliance, and the Centers for Disease Control and Prevention (CDC). Last year, an estimated 134,000 people, mostly children, died from the disease compared to nearly 115,000 in 2014.

Moreover global routine immunisation coverage for the first dose of measles has stagnated in the last five years, plateauing at 84%-85% and in Gavi countries at 78%. The failure to vaccinate all children with two doses of the vaccine and maintain high levels of herd immunity (93%–95%) has resulted in an increased number of measles outbreaks.

"Globally more than 20 million children are still not vaccinated against measles," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "Countries need strong routine immunisation services, efficient measles surveillance activities and resources for strengthening health systems if they are to better control measles and meet elimination goals."...

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[UNICEF Report: Ending Child Deaths from Pneumonia and Diarrhoea - One is Too Many](#)

November 2016 :: 77 Pages :: ISBN: 978-92-806-4859-1

[Excerpt from Executive Summary]

Vaccines – coverage of key pneumonia-related vaccines is increasing and progress in sub-Saharan Africa is improving faster than the global average. Yet despite recent progress, in 2015 just over 60 per cent of children globally received the recommended three doses of Hib

vaccine and just over 30 per cent received the PCV vaccine...

Press Release

[Pneumonia and diarrhoea kill 1.4 million children each year, more than all other childhood illnesses combined – UNICEF](#)

World leaders gathered at COP22 have opportunity to make commitments that will help save the lives of 12.7 million children by 2030

MARRAKECH, Morocco, 11 November 2016 – Pneumonia and diarrhoea together kill 1.4 million children each year, the overwhelming majority of whom live in lower and middle-income countries. These childhood deaths occur despite the fact that both illnesses are largely preventable through straightforward and cost effective solutions like exclusive breastfeeding, vaccination, quality primary healthcare and reducing household air pollution.

These findings are included in a new UNICEF report – ‘One is Too Many: Ending Child Deaths from Pneumonia and Diarrhoea’ – released today.

Pneumonia in particular remains the leading infectious killer of children under five, claiming the lives of nearly a million children in 2015 – approximately one child every 35 seconds, and more than malaria, TB, measles, and AIDS combined. Approximately half of all childhood pneumonia deaths are linked to air pollution, a fact UNICEF said world leaders should keep in mind during ongoing climate change talks at COP22...

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[General Assembly: Informal meeting to hear a briefing on the United Nations system coordination on outbreaks and health emergencies](#)

[Video: 55:36]

Recent health emergencies, including the Ebola and Zika virus outbreaks, serve as a reminder that the threats to global health are constant. They extend beyond the health sector and threaten the achievement of the 2030 Agenda for Sustainable Development. They underline the importance of better coordinated international action and sustained political and financial commitments to improve global health crises response and capacities. The briefing will consist of presentations by Dr. Margaret Chan, the Director-General of the World Health Organization, and Mr. Stephen O'Brien, the Under Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator

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[Global Gathering for Rare Diseases: Inaugurating the NGO Committee for Rare Diseases](#)

[Video: 3:22:08]

This global gathering will bring together around 90 to 100 stakeholders – from the international NGO community, UN agencies and national governments, academic and research institutions as well as the private sector – all of whom will pledge to collaborate towards the advancement of rare diseases as a global public health priority.

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Emergencies

[WHO Grade 3 Emergencies](#) [to 12 November 2016]

Iraq –

:: Iraq: Civilians caught in the cross-fire: WHO supports trauma care services for people in and around Mosul

9 November 2016 – The stories of civilians caught in the cross-fire in and around Mosul are heartbreaking and horrific. WHO is ensuring that life-saving health services are available to injured people, supporting the tireless work of the Erbil Directorate of Health to provide emergency medical care to all those who need it.

: WHO condemns reported attacks using ambulances as weapons targeting civilians in Tikrit and Samarra, Iraq

6 November 2016

Nigeria - *No new announcements identified.*

South Sudan - *No new announcements identified.*

The Syrian Arab Republic - *No new announcements identified.*

Yemen - *No new announcements identified.*

:: Health system in Yemen

11 November 2016 - Health services play crucial role in preventing avoidable morbidity and mortality in emergencies. However, emergencies affect health facilities and services too. With many been damaged, left without medicines, equipment, basic amenities or health workers, cannot serve the population which may even have heightened healthcare needs due to the emergency. Health Resources Availability Monitoring System HeRAMS is developed to face these challenges. HeRAMS is a rapid online system for monitoring health facilities, services and resources availability in emergencies.

[WHO Grade 2 Emergencies](#) [to 12 November 2016]

Cameroon - *No new announcements identified.*

Central African Republic - *No new announcements identified.*

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

Ethiopia - *No new announcements identified.*

Libya - *No new announcements identified.*

Myanmar - *No new announcements identified.*

Niger - *No new announcements identified.*

Ukraine - *No new announcements identified.*

[UN OCHA – L3 Emergencies](#)

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

Iraq –

:: Mosul Humanitarian Crisis, 9 November 2016

:: Iraq: Mosul Humanitarian Response Situation Report #6 (1-6 November 2016) [EN/AR/KU]

Syria

:: Syrian Arab Republic: Whole of Syria sectors' response to hard-to-reach and besieged locations* (January - September 2016) 11 Nov 2016

Yemen

:: Yemen Humanitarian Bulletin Issue 17 | As of 30 October 2016 8 Nov 2016

Corporate Emergencies

Haiti

:: Haiti: Hurricane Matthew - Situation Report No. 20 (8 November 2016)

Main Points:

...Of the 806,000 affected people who are at the “extreme level” of food insecurity, 426,000 people (or 53 per cent) have so far received food assistance.

...Continued security incidents targeting convoys of humanitarian supplies hinder the much needed delivery of assistance.

...During the reporting period, heavy rains in the departments of Grand’Anse, Nord-Est, and Nord led to the death of 10 people (Three women, four men, and three children). Three others are wounded and one is missing.

...With crop loss reaching a staggering 80 to 100 per cent in parts of the predominantly rural areas, people’s food insecurity risks worsening in the coming months if farming activities are not urgently restored by mid-November.

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Zika virus [to 12 November 2016]

Public Health Emergency of International Concern (PHEIC)

<http://www.who.int/emergencies/zika-virus/en/>

NIH [to 12 November 2016]

<http://www.nih.gov/news-events/news-releases>

November 7, 2016 — *First of five planned clinical trials to test ZPIV vaccine.*

Testing of investigational inactivated Zika vaccine in humans begins

Testing of investigational inactivated Zika vaccine in humans begins

The first of five early stage clinical trials to test the safety and ability of an investigational Zika vaccine candidate called the Zika Purified Inactivated Virus (ZPIV) vaccine to generate an immune system response has begun at the Walter Reed Army Institute of Research (WRAIR) Clinical Trial Center in Silver Spring, Maryland. Scientists with WRAIR, part of the U.S. Department of Defense (DoD), developed the vaccine. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), is co-funding the Phase 1 clinical trial with WRAIR, serving as the regulatory sponsor and providing other support.

“We urgently need a safe and effective vaccine to protect people from Zika virus infection...”
—Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases (NIAID)
The experimental ZPIV vaccine is based on the same technology WRAIR used in 2009 to successfully develop a vaccine for another flavivirus called Japanese encephalitis. The ZPIV vaccine contains whole Zika virus particles that have been inactivated, meaning that the virus

cannot replicate and cause disease in humans. However, the protein shell of the inactivated virus remains intact so it can be recognized by the immune system and evoke an immune response. NIAID partially supported the preclinical development of the ZPIV vaccine candidate, including safety testing and non-human primate studies that found that the vaccine induced antibodies that neutralized the virus and protected the animals from disease when they were challenged with Zika virus. WRAIR, NIAID and the Biomedical Advanced Research and Development Authority (BARDA) part of the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) have established a joint Research Collaboration Agreement to support the development of this vaccine.

"We urgently need a safe and effective vaccine to protect people from Zika virus infection as the virus continues to spread and cause serious public health consequences, particularly for pregnant women and their babies," said NIAID Director Anthony S. Fauci, M.D. "We are pleased to be part of the collaborative effort to advance this promising candidate vaccine into clinical trials."

Led by WRAIR principal investigator Maj. Leyi Lin, M.D., the new study aims to enroll 75 people ages 18 to 49 years with no prior flavivirus infection. Flaviviruses include Zika virus, yellow fever virus, dengue virus, Japanese encephalitis virus and West Nile virus. Participants will be randomly divided into three groups: the first group (25 participants) will receive two intramuscular injections of the ZPIV test vaccine or a placebo (saline) 28 days apart; the other two groups (25 participants each) will receive a two-dose regimen of a Japanese encephalitis virus vaccine or one dose of a yellow fever vaccine before beginning the two-dose ZPIV vaccine regimen. Investigators chose to administer additional flavivirus vaccines because U.S. service members are often vaccinated against these diseases before deploying to Zika-endemic areas.

Additionally, a subgroup of 30 of the participants who receive the two-dose ZPIV regimen will receive a third dose one year later. All participants in the trial will receive the same ZPIV dose at each injection (5 micrograms). A DoD Research Monitor, an independent physician not associated with the protocol, will monitor the conduct of the trial and report any safety issues to the WRAIR Institutional Review Board. Another independent group, the Safety Monitoring Committee, will also monitor participant safety, review data and report any issues to NIAID. As the regulatory sponsor, NIAID ensures the trial follows the study protocol and informs the FDA of any significant adverse events or risks. NIAID also maintains the Investigational New Drug (IND) application (link is external) for the candidate vaccine. The WRAIR study is expected to be completed by fall 2018.

Four additional Phase 1 studies to evaluate the ZPIV investigational vaccine are expected to launch in the coming months. These include

- :: A trial enrolling 90 adults ages 18-49 years at the Center for Vaccine Development at the Saint Louis University School of Medicine. This site is an NIAID-funded Vaccine and Treatment Evaluation Unit, and Sarah George, M.D., will serve as principal investigator. All participants will receive either two injections of ZPIV or a placebo 28 days apart. Participants will be randomly assigned to receive either a high, moderate or low dose at both injections to evaluate the optimal dose for use in larger future studies.

- :: A trial enrolling 90 adults ages 21-49 years at the clinical research center CAIMED, part of Ponce Health Sciences University in Puerto Rico. The site is supported by NIAID via a subcontract from the Saint Louis University School of Medicine. This trial will examine the

vaccine's safety and immunogenicity in participants who have already been naturally exposed to dengue virus. Participants will be randomly assigned to receive either a high dose, moderate dose or a placebo. Elizabeth A. Barranco, M.D., will lead the trial.

:: NIAID's Vaccine Research Center (VRC) will test the ZPIV vaccine candidate as a boost vaccination to its DNA Zika vaccine candidate, which entered Phase 1 clinical trials in August. The next part of the study, which will enroll 60 additional participants ages 18-50 years, will take place at the NIH Clinical Center in Bethesda, Maryland, the Center for Vaccine Development at the University of Maryland School of Medicine's Institute for Global Health in Baltimore, and Emory University in Atlanta. Half of the participants will receive the NIAID Zika virus investigational DNA vaccine followed by a ZPIV vaccine boost four or 12 weeks later. The remaining participants will receive only two doses of ZPIV vaccine four or 12 weeks apart. Julie Ledgerwood, D.O., chief of the VRC's clinical trials program, will serve as principal investigator.

:: A WRAIR-funded trial enrolling 48 adults ages 18-50 years will be conducted at the Center for Virology and Vaccine Research, part of Beth Israel Deaconess Medical Center and Harvard Medical School in Boston. One group of participants will receive a single dose of the ZPIV vaccine and all other participants will receive two doses of the ZPIV vaccine at varying intervals. Kathryn Stephenson, M.D., M.P.H., of Beth Israel Deaconess Medical Center, will lead the trial.

BARDA is funding the advanced development of the ZPIV vaccine candidate through a six-year contract with Sanofi Pasteur, which established a collaborative research and development agreement with WRAIR to accelerate further development of the vaccine.

Zika situation report – 10 November 2016

Full report: <http://apps.who.int/iris/bitstream/10665/251001/1/zikasitrep10Nov16-eng.pdf?ua=1>

Key Updates

:: Countries and territories reporting mosquito-borne Zika virus infections for the first time in the past week:

... Montserrat, Palau

:: Countries and territories reporting microcephaly and other central nervous system (CNS) malformations potentially associated with Zika virus infection for the first time in the past week:

... None

:: Countries and territories reporting Guillain-Barré syndrome (GBS) cases associated with Zika virus infection for the first time in the past week:

... None

:: The fifth meeting of the Emergency Committee on Zika virus, microcephaly other neurological disorders will be convened on 18 November 2016.

Analysis

:: Overall, the global risk assessment has not changed. Zika virus continues to spread geographically to areas where competent vectors are present. Although a decline in cases of Zika infection has been reported in some countries, or in some parts of countries, vigilance needs to remain high.

Zika Open [to 12 November 2016]

[Bulletin of the World Health Organization]

:: [All papers available here](#)

No new papers identified.

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EBOLA/EVD [to 12 November 2016]

<http://www.who.int/ebola/en/>

"Threat to international peace and security" (UN Security Council)

Editor's Note:

We note that the Ebola tab - which had been listed along with Zika, Yellow Fever, MERS CoV and other emergencies - has been removed from the WHO "home page". We deduce that WHO has suspended issuance of new Situation Reports after resuming them for several weekly cycles. The most recent report posted is EBOLA VIRUS DISEASE – Situation Report - 10 JUNE 2016. We have not encountered any UN Security Council action changing its 2014 designation of Ebola as a "threat to international peace and security." We will continue to highlight key articles and other developments around Ebola in this space.

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POLIO [to 12 November 2016]

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 9 November 2016

:: In Nigeria last week, experts from the Government and international partners convened an urgent meeting to assess the impact of regional emergency outbreak response conducted thus far in Nigeria and the Lake Chad Basin. The group looked at progress achieved in boosting immunity levels and strengthening surveillance, the effectiveness of cross-border collaboration and coordination with the broader humanitarian emergency response.

:: A risk analysis is being conducted for non-affected areas of Nigeria and neighbouring countries, to assess vulnerability of populations to polio spread, risk mitigation measures being implemented and outbreak readiness plans in the event of spread of the virus from Borno.

:: News this week: continuing our focus on innovative strategies to facilitate eradication, a closer look at new ways of delivering inactivated polio vaccine (IPV) which could help address global supply constraint.

Country Updates [Selected Excerpts]

Afghanistan

:: Three new wild poliovirus type 1 (WPV1) cases were reported in the past week, all from Bermal district, Paktika province, with onsets of paralysis on 1 September, 7 October and 12 October, bringing the total number of WPV1 cases for 2016 to 12...

Pakistan

:: One new case of wild poliovirus type 1 (WPV1) was reported in the past week with onset of paralysis on 3 September, from Kohistan in Khyber Pakhtunkhwa (KP), in the north of the country. It brings the total number of WPV1 cases for 2016 to 16.

:: Three new WPV1 positive environmental samples were reported in the past week, from Balochistan (two from Quetta and one from Killa Abdullah, collected on 20 September, 14 October and 15 October). Continued detection of environmental positives throughout 2016 confirms that virus transmission remains geographically widespread across the country, despite strong improvements being achieved.

:: Efforts continue to further strengthen immunization and surveillance activities in all provinces, in close coordination with Afghanistan (see 'Afghanistan' section above, for more details).

WHO: Over 5.6 million children to be vaccinated against polio across Afghanistan

Kabul 7 November 2016 – The Ministry of Public Health along with its partners WHO and UNICEF launched a polio vaccination campaign today in all provinces of the southern, eastern and south-eastern regions as well as selected high-risk districts across the country, including Kabul city. The campaign aims to reach over 5.6 million children and will run until 11 November.

"Wherever children are not immunized, children's lives are at risk everywhere in Afghanistan. We urge all caregivers to vaccinate their children against polio because the polio vaccine is the only way to protect children from permanent paralysis and even death," said H.E. Minister of Public Health Dr Ferozuddin Feroz. "Afghanistan is closer than ever to stopping the circulation of the wild poliovirus and our focus remains on reaching and immunizing every single child."...

The campaign is carried out by around 25,000 trained vaccinators and it runs for four days with an additional day on Friday for vaccinators to revisit children who were missed when the vaccinators first visited. These vaccinators and other frontline health workers are trusted members of the community and they have been chosen because they care about children. Parents who miss having their children vaccinated over the next four days are urged to visit local health centres where their children can be vaccinated against polio.

So far 12 wild poliovirus cases have been reported in 2016 from Kunar, Paktika, Helmand and Kandahar provinces. Afghanistan remains one of the 3 polio-endemic countries together with Pakistan and Nigeria.

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Yellow Fever [to 12 November 2016]

<http://www.who.int/emergencies/yellow-fever/en/>

Yellow fever situation report

28 October 2016

[Link to the latest report above. No updated report posted and no indication as to status of situation reports overall]

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MERS-CoV [to 12 November 2016]

<http://www.who.int/emergencies/mers-cov/en/>

Disease Outbreak News (DONs)

:: Middle East respiratory syndrome coronavirus (MERS-CoV) – Saudi Arabia 11 November 2016
Between 15 and 29 October 2016 the National IHR Focal Point of Saudi Arabia reported thirteen (13) additional cases of Middle East Respiratory Syndrome (MERS) including four (4) fatal cases...

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WHO & Regional Offices [to 12 November 2016]

Stories from countries

Information on health services essential for humanitarian response in Borno State, Nigeria

10 November 2016

WHO donates emergency medical supplies for the response in Borno State, Nigeria

9 November 2016

WHO and partners support measles vaccination in Borno State, Nigeria

9 November 2016

Highlights

Monitoring Visualization Tool for the Global Action Plan for Pneumonia and Diarrhoea

This tool presents data on 24 key indicators related to the protection, prevention and treatment of diarrhoea and pneumonia in children under five years of age and two indicators on mortality due to the two diseases. The tool also enables access to country-specific profiles to see the progress made by 136 low- and middle-income countries in averting childhood diarrhoea and pneumonia deaths.

e-Learning Course on Health Financing Policy for universal health coverage (UHC)

November 2016 – This is a foundational course, targeting participants of various levels of experience and expertise. It is for free and available to anyone interested. Subjects covered include revenue raising, pooling revenues, purchasing, and benefit package design.

WHO condemns reported attacks using ambulances as weapons targeting civilians in Tikrit and Samarra, Iraq

November 2016 – WHO received reports of suicide bombers driving ambulances, killing more than 20 people and injuring dozens more at a checkpoint in Tikrit and a car park in Samarra. The reported use of medical vehicles as weapons threatens the ability to deliver health care and urgent medical services

Weekly Epidemiological Record, 11 November 2016, vol. 91, 45 (pp. 525–536)

:: Progress towards regional measles elimination – worldwide, 2000–2015

:: Monthly report on dracunculiasis cases, January– September 2016

:: WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: WHO-AfDB cooperation: Dr Moeti and Dr Adesina agree on a number of financing priorities for health in Africa

Abidjan (Côte d'Ivoire), 9 November 2016 – The WHO Regional Director for Africa, Dr Matshidiso Moeti and the President of the African Development Bank, Dr Akimwumi Adesina, have agreed on priority health programmes for potential future cooperation between the Bank and WHO.

:: WHO and partners support measles vaccination in Borno State, Nigeria - 09 November 2016

:: Ouagadougou subregional workshop to discuss noma, the face of poverty - 07 November 2016

WHO Region of the Americas PAHO

:: Caribbean Health Ministers agree on action plan for innovating national information systems for health (11/08/2016)

:: Experts at PAHO present imaging findings to detect Zika abnormalities (11/08/2016)

WHO South-East Asia Region SEARO

No new digest content identified.

WHO European Region EURO

No new digest content identified.

WHO Eastern Mediterranean Region EMRO

:: Over 5.6 million children to be vaccinated against polio across Afghanistan
7 November

Pregnant women must be able to access the right care at the right time
7 November 2016

WHO establishes rapid response teams to safeguard the health of newly displaced people from Mosul, Iraq
6 November 2016

WHO Western Pacific Region

No new digest content identified.

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CDC/ACIP [to 12 November 2016]

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

<https://www.cdc.gov/vaccines/acip/>

MMWR Weekly November 11, 2016 / No. 44

:: Incidence of Zika Virus Disease by Age and Sex — Puerto Rico, November 1, 2015–October 20, 2016

:: Progress Toward Regional Measles Elimination — Worldwide, 2000–2015

:: Announcement: Get Smart About Antibiotics Week — November 14–20, 2016

:: Announcement: World Pneumonia Day — November 12, 2016

:: QuickStats: Percentage of Adults Aged ≥65 Years Who Reported Ever Receiving a Pneumococcal Vaccination, by Race/Ethnicity and Number of 10 Diagnosed Chronic Conditions — National Health Interview Survey, United States, 2014–2015

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Announcements

Industry Watch [to 12 November 2016]

:: [Pfizer Announces Major Expansion of Humanitarian Assistance Program](#)

*Prevenar 13® Vaccine Will Be Available at Lowest Price for Humanitarian Emergencies
Pfizer to Donate Sales Proceeds to Organizations Supporting the Refugee Crisis*

November 11, 2016

NEW YORK--(BUSINESS WIRE)--Pfizer Inc. (NYSE:PFE) announced today a major expansion of its humanitarian assistance program enabling broader access to its vaccine, Prevenar 13, in humanitarian emergency settings by offering its new multi-dose vial (MDV) at what will be the lowest prevailing global price, currently \$3.10 per dose. In addition, given the acute need for aid on the ground, Pfizer will donate all sales proceeds for the first year of this program to humanitarian groups undertaking the difficult work of reaching vulnerable populations in emergency settings. Today's announcement of a new and specific pricing tier for civil society organizations (CSOs) working in emergency settings builds on Pfizer's longstanding support for humanitarian emergency relief around the world.

In the immediate term, Pfizer will meet humanitarian emergency needs through a short-term donation of the single-dose vial of Prevenar 13, which is available for expedited delivery.

Starting in 2017, refugees can receive the newest version of Prevenar 13, the MDV. This presentation is scheduled to be introduced early next year and contains four doses of Prevenar 13 in the same-sized vial that currently contains a single dose. This four-in-one vial is specially designed to address the unique conditions and challenges experienced in developing world settings and can help health workers in humanitarian emergencies. The MDV offers reduced cold storage and transportation requirements, helping to enable vaccination of children in humanitarian emergency situations more quickly. It has also been prequalified by the World Health Organization.

"Pfizer is proud of the significant impact that our Prevenar 13 vaccine and our partnerships with many humanitarian organizations have had on public health across the globe. Only by putting the needs of refugees at the center, can we all work collaboratively to help prevent disease in some of the world's most vulnerable populations," said Susan Silberman, President and General Manager, Pfizer Vaccines. "Our new MDV presentation is an important vaccine technology, and in combination with our expanded humanitarian assistance program, will provide critical help in addressing the potential burden of pneumococcal disease in these populations that might otherwise go unreached. We are especially pleased to donate all proceeds from these sales to civil society organizations for the first year to support the significant additional needs these groups have on the ground."

Pfizer Humanitarian Assistance Programs

Recognizing the critical need in settings requiring relief and emergency humanitarian assistance, Pfizer has a three-part approach which includes product donations, cash grants and other access solutions.

:: Pfizer donations are focused on specific diseases and designed to address the needs of people in a coordinated manner. The Company works with a range of local and global partners, including governments, health care experts, and CSOs to address the most pressing unmet medical needs and determine the most effective way for a donation to meet the needs of affected communities.

:: Pfizer supports a number of organizations working on providing relief and emergency humanitarian assistance to address refugee crises. The Pfizer Foundation provides cash grants to organizations working around the world to provide health care and other critical support to vulnerable populations.

:: Pfizer works closely with governments and CSOs to help provide access to its vaccines and regularly engages in discussions with partners on potential new access approaches to reach as many people as possible in emergency humanitarian situations.

For more information on Pfizer's Humanitarian Assistance Programs please visit <http://www.pfizer.com/responsibility/global-health/relief-and-emergency-humanitarian-assistance>.

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PATH [to 12 November 2016]

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

Press release | November 10, 2016

[PATH's ongoing impact in global health recognized by The Tech Awards' 2016 Laureate Impact Award](#)

PATH is honored to receive the prestigious 2016 Laureate Impact Award as a leader in solving global health problems for 40 years—from idea to impact.

Press release | November 10, 2016

[PATH announces agreement with BD to advance new diagnostic technologies to support malaria elimination](#)

Better tests for a common hereditary condition in humans are needed to facilitate treatment of Plasmodium vivax malaria

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EDCTP [to 12 November 2016]

<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.

9 November 2016

[Professor Shabir Mahdi receives Scientific Leadership Award](#)

On 7 November 2016, Professor Dr Shabir A. Mahdi (1966) received the EDCTP 2016 Award for Scientific Leadership. The award consists of a trophy and 10,000 euro. The award ceremony

took place at the Eighth EDCTP Forum in Lusaka, Zambia. The award was presented by Dr Michael Makanga, EDCTP Executive Director.

9 November 2016

Zambian Research & Training Programme receives Outstanding Research Team award

The EDCTP Award for Outstanding Research Team 2016 was given to the University of Zambia – University College London Medical School (UNZA-UCLMS) Research & Training Program on 6 November 2016. The award consists of a trophy and 50,000 euro. At the opening session of the Eighth EDCTP Forum, Dr Peter Mwaba, on behalf of his team, received the award from His Excellency, the President of the Republic of Zambia, Mr Edgar Chagwa Lungu.

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European Medicines Agency [to 12 November 2016]

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

08/11/2016

How big data can be used for the development and regulation of medicines

EMA workshop broadcast live on 14-15 November ...

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AERAS [to 12 November 2016]

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

No new digest content identified.

BMGF - Gates Foundation [to 12 November 2016]

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

No new digest content identified.

Coalition for Epidemic Preparedness Innovations (CEPI) [to 12 November 2016]

<http://cepi.net/>

No new digest content identified.

European Vaccine Initiative [to 12 November 2016]

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

No new digest content identified.

FDA [to 12 November 2016]

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>

No new digest content identified.

Fondation Merieux [to 12 November 2016]

<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.

GHIT Fund [to 12 November 2016]

<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.

Global Fund [to 12 November 2016]

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

No new digest content identified

Hilleman Laboratories [to 12 November 2016]

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

No new digest content identified

Human Vaccines Project [to 12 November 2016]

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

No new digest content identified

IAVI – International AIDS Vaccine Initiative [to 12 November 2016]

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

No new digest content identified

IFPMA [to 12 November 2016]

<http://www.ifpma.org/resources/news-releases/>

No new digest content identified

IVI [to 12 November 2016]

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

No new digest content identified

UNAIDS [to 12 November 2016]

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

No new digest content identified

The Vaccine Confidence Project [to 12 November 2016]

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

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

High-level dialogue on strengthening public health security in Africa calls for huge private sector investments in health

West African Ministerial Dialogue on Strengthening Public Health Security in Africa
07/11/2016

"Nothing could be more important," African Development Bank President Akinwumi Adesina said Monday, as he addressed a high-level dialogue on strengthening public health security in Sub-Saharan Africa. "Health is wealth."

"Our meeting today is crucial, for building resilient health systems to ensure that Africa can deal effectively with public health emergencies and support its economic transformation," he told the West African Ministerial Dialogue on Strengthening Public Health Security in Africa, hosted by the AfDB. "A healthy population will translate into increased productivity, and drive sustainable economic growth."

The meeting focused on lessons learned from the Ebola crisis and the preparedness of African governments in an effective healthcare system capable of responding to emergencies.

The Ebola virus disease (EVD) in West Africa exposed the vulnerability of countries to public health emergencies. In particular, it demonstrated that many countries do not have robust health systems, and are lacking the core capacities to respond effectively to health security threats. In light of the increasing number of new threats since 2015, including a major urban yellow fever outbreak and spread of the Zika virus disease in Africa, the need to strengthen countries' capacities to respond to such threats has never been greater. The Ebola outbreak not only posed a serious threat to public health security; it also greatly impacted the economic security of the countries affected.

The Abidjan meeting, which featured presentations on how the Ebola Virus Disease spread through communities in Liberia, Guinea and Sierra Leone, brought together Finance and Health Ministers from Liberia, Guinea, Sierra Leone and Côte d'Ivoire; Ambassadors accredited to Côte d'Ivoire; representatives of bilateral, regional and multilateral organizations; healthcare experts; and members of AfDB's Board of Directors.

President Adesina highlighted the significant progress made by Africa over the last two decades in terms of health outcomes, underscoring that child mortality has declined in Sub-Saharan Africa by more than 50% between 1990 and 2015. Similarly, maternal mortality rates declined by 45% in the sub-region and by 59% in North Africa over the same period. However, he underscored that key challenges related to the high disease burden in Africa remain...

"In addition, Sub-Saharan Africa faces a deficit of skilled health workers. While the region accounts for 25% of the global disease burden, it represents only 4% of the global health workforce. Lack of access to safe, quality and affordable medicines remains a major challenge, worsened by weak regulatory systems and a preponderance of fake drugs."...

* * * *

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 2016 Volume 44, Issue 11, p1197-1430, e183-e282

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

[Reviewed earlier].

American Journal of Preventive Medicine

November 2016 Volume 51, Issue 5, p637-864, e119-e154

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

Theme: Digital Health: Leveraging New Technologies to Develop, Deploy, and Evaluate Behavior Change Interventions

[Reviewed earlier].

American Journal of Public Health

Volume 106, Issue 11 (November 2016)

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

AJPH SPECIAL SECTION: WORLD HEALTH ORGANIZATION

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

November 2016; 95 (5)

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

[Reviewed earlier]

Annals of Internal Medicine

1 November 2016 Vol: 165, Issue 9

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

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

<http://resource-allocation.biomedcentral.com/>
(Accessed 12 November 2016)
[No new content]

BMC Health Services Research

<http://www.biomedcentral.com/bmchealthservres/content>
(Accessed 12 November 2016)

Research article

Evaluating the implementation of a national disclosure policy for large-scale adverse events in an integrated health care system: identification of gaps and successes

Many healthcare organizations have developed disclosure policies for large-scale adverse events, including the Veterans Health Administration (VA). This study evaluated VA's national large-scale disclosure pol...

Elizabeth M. Maguire, Barbara G. Bokhour, Todd H. Wagner, Steven M. Asch, Allen L. Gifford, Thomas H. Gallagher, Janet M. Durfee, Richard A. Martinello and A. Rani Elwy

BMC Health Services Research 2016 16:648

Published on: 11 November 2016

Research article

Practical lessons for bringing policy-makers on board in sexual and reproductive health research

The need to translate research into policy, i.e. making research findings a driving force in agenda-setting and policy change, is increasingly acknowledged. However, little is known about translation mechanism...

Aurore Guieu, Wei-Hong Zhang, Yves Lafort, Peter Decat, Sara De Meyer, Shuchen Wang, Birgit Kerstens and Els Duysburgh

BMC Health Services Research 2016 16:649

Published on: 11 November 2016

BMC Infectious Diseases

<http://www.biomedcentral.com/bmcinfectdis/content>
(Accessed 12 November 2016)

Case report

Three cases of Zika virus imported in Italy: need for a clinical awareness and evidence-based knowledge

Since early 2015, a large epidemic of Zika Virus (ZIKV) is spreading across South and Central America. An association between congenital neurological malformations (mainly microcephaly), other neurological man...

Emanuele Nicastrì, Raffaella Pisapia, Angela Corpolongo, Francesco Maria Fusco, Stefania Cicalini, Paola Scognamiglio, Concetta Castilletti, Licia Bordini, Antonino Di Caro, Maria Rosaria Capobianchi, Vincenzo Puro and Giuseppe Ippolito

BMC Infectious Diseases 2016 16:669

Published on: 11 November 2016

Research article

The burden of chickenpox disease in Sweden

Chickenpox vaccine is not included in the routine childhood vaccination programme in Sweden. The aim of this study was to estimate the baseline of national chickenpox disease burden, as comprehensive studies, ...

Katarina Widgren, Johan Giesecke, Lars Lindquist and Anders Tegnell

BMC Infectious Diseases 2016 16:666

Published on: 10 November 2016

BMC Medical Ethics

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

(Accessed 12 November 2016)

Research article

[Public responses to the sharing and linkage of health data for research purposes: a systematic review and thematic synthesis of qualitative studies](#)

The past 10 years have witnessed a significant growth in sharing of health data for secondary uses. Alongside this there has been growing interest in the public acceptability of data sharing and data linkage p...

Mhairi Aitken, Jenna de St. Jorre, Claudia Pagliari, Ruth Jepson and Sarah Cunningham-Burley

BMC Medical Ethics 2016 17:73

Published on: 10 November 2016

Research article

[Knowledge, attitude and practice of healthcare ethics among resident doctors and ward nurses from a resource poor setting, Nepal](#)

Healthcare ethics is neglected in clinical practice in LMICs (Low and Middle Income Countries) such as Nepal. The main objective of this study was to assess the current status of knowledge, attitude and practi...

Samaj Adhikari, Kumar Paudel, Arja R. Aro, Tara Ballav Adhikari, Bipin Adhikari and Shiva Raj Mishra

BMC Medical Ethics 2016 17:68

Published on: 8 November 2016

Research article

[The Norwegian national project for ethics support in community health and care services](#)

Internationally, clinical ethics support has yet to be implemented systematically in community health and care services. A large-scale Norwegian project (2007–2015) attempted to increase ethical competence in ...

Morten Magelssen, Elisabeth Gjerberg, Reidar Pedersen, Reidun Førde and Lillian Lillemoen

BMC Medical Ethics 2016 17:70

Published on: 8 November 2016

BMC Medicine

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

(Accessed 12 November 2016)

[No new relevant content]

BMC Pregnancy and Childbirth

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

(Accessed 12 November 2016)

Research article

The causes of maternal mortality in adolescents in low and middle income countries: a systematic review of the literature

While the main causes of maternal mortality in low and middle income countries are well understood, less is known about whether patterns for causes of maternal deaths among adolescents are the same as for older...

Sarah Neal, Shanti Mahendra, Krishna Bose, Alma Virginia Camacho, Matthews Mathai, Andrea Nove, Felipe Santana and Zoë Matthews

BMC Pregnancy and Childbirth 2016 16:352

Published on: 11 November 2016

BMC Public Health

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

(Accessed 12 November 2016)

Research article

Power, fairness and trust: understanding and engaging with vaccine trial participants and communities in the setting up the EBOVAC-Salone vaccine trial in Sierra Leone

Luisa Enria, Shelley Lees, Elizabeth Smout, Thomas Mooney, Angus F. Tengbeh, Bailah Leigh, Brian Greenwood, Deborah Watson-Jones and Heidi Larson

BMC Public Health 2016 16:1140

Published on: 8 November 2016

Abstract

Background

This paper discusses the establishment of a clinical trial of an Ebola vaccine candidate in Kambia District, Northern Sierra Leone during the epidemic, and analyses the role of social science research in ensuring that lessons from the socio-political context, the recent experience of the Ebola outbreak, and learning from previous clinical trials were incorporated in the development of community engagement strategies. The paper aims to provide a case study of an integrated social science and communications system in the start-up phase of the clinical trial.

Methods

The paper is based on qualitative research methods including ethnographic observation, interviews with trial participants and key stakeholder interviews.

Results

Through the case study of EBOVAC Salone, the paper suggests ways in which research can be used to inform communication strategies before and during the setting up of the trial. It explores notions of power, fairness and trust emerging from analysis of the Sierra Leonean context and through ethnographic research, to reflect on three situations in which social scientists and community liaison officers worked together to ensure successful community engagement. Firstly, a section on "power" considers the pitfalls of considering communities as homogeneous and shows the importance of understanding intra-community power dynamics when engaging communities. Secondly, a section on "fairness" shows how local understandings

of what is fair can help inform the design of volunteer recruitment strategies. Finally, a section on “trust” highlights how historically rooted rumours can be effectively addressed through active dialogue rather than through an approach focused on correcting misinformation.

Conclusion

The paper firstly emphasises the value of social science in the setting up of clinical trials, in terms of providing an in depth understanding of context and social dynamics. Secondly, the paper suggests the importance of a close collaboration between research and community engagement to effectively confront political and social dynamics, especially in the context of an epidemic.

BMC Research Notes

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

(Accessed 12 November 2016)

[No new relevant content]

BMJ Open

2016, Volume 6, Issue 11

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

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 94, Number 11, November 2016, 785-860

<http://www.who.int/bulletin/volumes/94/11/en/>

[Reviewed earlier]

Child Care, Health and Development

November 2016 Volume 42, Issue 6 Pages 775–955

<http://onlinelibrary.wiley.com/doi/10.1111/cch.v42.6/issuetoc>

[Reviewed earlier]

Clinical Therapeutics

October 2016 Volume 38, Issue 10, Supplement, e1-e32

[http://www.clinicaltherapeutics.com/issue/S0149-2918\(16\)X0014-8](http://www.clinicaltherapeutics.com/issue/S0149-2918(16)X0014-8)

[Reviewed earlier]

Complexity

September/October 2016 Volume 21, Issue S1 Pages 1–632

<http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S1/issuetoc>

[Reviewed earlier]

Conflict and Health

<http://www.conflictandhealth.com/>
[Accessed 12 November 2016]
[No new content]

Contemporary Clinical Trials

Volume 50, In Progress (September 2016)
<http://www.sciencedirect.com/science/journal/15517144/50>
[Reviewed earlier]

Current Opinion in Infectious Diseases

December 2016 - Volume 29 - Issue 6 pp: v-v,539-662
<http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx>
[New issue; No relevant content identified]

Developing World Bioethics

December 2016 Volume 16, Issue 3 Pages 121–180
<http://onlinelibrary.wiley.com/doi/10.1111/dewb.2016.16.issue-2/issuetoc>
Special Issue: Ethics of Health Systems Research in Low and Middle Income Countries
Editorial
[Ethical Issues in Health Systems Research in Low and Middle-Income Countries \(pages 122–123\)](#)
Paul Ndebele and Adnan A. Hyder
Version of Record online: 11 NOV 2016 | DOI: 10.1111/dewb.12126
[No abstract]

Articles

[A Scoping Study on the Ethics of Health Systems Research \(pages 124–132\)](#)

Abdulgafoor M. Bachani, Abbas Rattani and Adnan A. Hyder
Version of Record online: 1 APR 2016 | DOI: 10.1111/dewb.12117

Abstract

Currently, health systems research (HSR) is reviewed by the same ethical standards as clinical research, which has recently been argued in the literature to be an inappropriate standard of evaluation. The issues unique to HSR warrant a different review by research ethics committees (RECs), as it does not impose the same risks to study participants as other types of clinical or public health research. However, there are limited tools and supporting documents that clarify the ethical considerations. Therefore, there is a need for additional reflection around ethical review of HSR and their consideration by RECs. The purpose of this paper is to review, understand, and synthesize the current state of literature and practice to inform these deliberations and the larger discourse on ethics review guidelines for HSR. This paper presents a review of the literature on ethics of HSR in the biomedical, public health, and implementation research to identify ethical considerations specific to HSR; and to identify examples of commonly available guidance and/or tools for the ethical review of HSR studies. Fifteen articles were identified on HSR ethics issues, and forty-two international academic institutions were contacted (of the responses (n=29), no institution had special ethical guidelines for reviewing

HSR) about their HSR ethics review guidelines. There appears to be a clear gap in the current health research ethics discourse around health systems research ethics. This review serves as a first step (to better understand the current status) towards a larger dialogue on the topic.

[Understanding Health Research Ethics in Nepal \(pages 140–147\)](#)

Jeevan Raj Sharma, Rekha Khatri and Ian Harper

Version of Record online: 3 FEB 2016 | DOI: 10.1111/dewb.12109

Abstract

Unlike other countries in South Asia, in Nepal research in the health sector has a relatively recent history. Most health research activities in the country are sponsored by international collaborative assemblages of aid agencies and universities. Data from Nepal Health Research Council shows that, officially, 1,212 health research activities have been carried out between 1991 and 2014. These range from addressing immediate health problems at the country level through operational research, to evaluations and programmatic interventions that are aimed at generating evidence, to more systematic research activities that inform global scientific and policy debates. Established in 1991, the Ethical Review Board of the Nepal Health Research Council (NHRC) is the central body that has the formal regulating authority of all the health research activities in country, granted through an act of parliament. Based on research conducted between 2010 and 2013, and a workshop on research ethics that the authors conducted in July 2012 in Nepal as a part of the on-going research, this article highlights the emerging regulatory and ethical fields in this low-income country that has witnessed these increased health research activities. Issues arising reflect this particular political economy of research (what constitutes health research, where resources come from, who defines the research agenda, culture of contract research, costs of review, developing Nepal's research capacity, through to the politics of publication of data/findings) and includes questions to emerging regulatory and ethical frameworks.

[Health Systems Research Consortia and the Promotion of Health Equity in Low and Middle-Income Countries \(pages 148–157\)](#)

Bridget Pratt, Katharine A. Allen and Adnan A. Hyder

Version of Record online: 16 MAR 2016 | DOI: 10.1111/dewb.12116

Abstract

Health systems research is widely identified as an indispensable means to achieve the goal of health equity between and within countries. Numerous health systems research consortia comprised of institutions from high-income countries and low and middle-income countries (LMICs) are currently undertaking programs of research in LMICs. These partnerships differ from collaborations that carry out single projects in the multiplicity of their goals, scope of their activities, and nature of their management. Recent conceptual work has explored what features might be necessary for health systems research consortia and their research programs to promote health equity. Identified features include selecting research priorities that focus on improving access to high-quality health services and/or financial protection for disadvantaged populations in LMICs and conducting research capacity strengthening that promotes the independent conduct of health systems research in LMICs. Yet, there has been no attempt to investigate whether existing consortia have such characteristics. This paper describes the results of a survey undertaken with health systems research consortia leaders worldwide to assess how consistent current practice is with the proposed ethical guidance. The findings suggest that consortia may be fairly well organised to promote health equity, but have scope for improvement, particularly in terms of achieving inclusive priority-setting.

Research Involving Health Providers and Managers: Ethical Issues Faced by Researchers Conducting Diverse Health Policy and Systems Research in Kenya (pages 168–177)

Sassy Molyneux, Benjamin Tsofa, Edwine Barasa, Mary Muyoka Nyikuri, Evelyn Wanjiku Waweru, Catherine Goodman and Lucy Gilson

Version of Record online: 4 OCT 2016 | DOI: 10.1111/dewb.12130

Development in Practice

Volume 24, Number 8

<http://www.developmentinpractice.org/journals/volume-24-number-8>

[Reviewed earlier]

Disasters

October 2016 Volume 40, Issue 4 Pages 589–815

<http://onlinelibrary.wiley.com/doi/10.1111/disa.2016.40.issue-4/issuetoc>

[Reviewed earlier]

Emerging Infectious Diseases

Volume 22, Number 11—November 2016

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

[New issue; No relevant content identified]

Epidemics

Volume 17, In Progress (December 2016)

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

[Reviewed earlier]

Epidemiology and Infection

Volume 144 - Issue 15 - November 2016

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

[Reviewed earlier]

The European Journal of Public Health

Volume 26, Issue 5, 1 October 2016

<http://eurpub.oxfordjournals.org/content/26/5>

[Reviewed earlier]

Global Health: Science and Practice (GHSP)

September 2016 | Volume 4 | Issue 3

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

[Reviewed earlier]

Global Public Health

Volume 11, Issue 10, 2016

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

[Reviewed earlier]

Globalization and Health

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

[Accessed 12 November 2016]

[No new digest content identified]

Health Affairs

November 2016; Volume 35, Issue 11

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

Issue Focus: Culture Of Health

Creating Healthier, More Equitable Communities By Improving Governance And Policy

Tamara Dubowitz, Tracy Orleans, Christopher Nelson, Linnea Warren May, Jennifer C. Sloan, and Anita Chandra

Abstract

How can healthier, more equitable communities be created? This is a key question for public health. Even though progress has been made in understanding the impact of social, physical, and policy factors on population health, there is much room for improvement. With this in mind, the Robert Wood Johnson Foundation made creating healthier, more equitable communities the third of four Action Areas in its Culture of Health Action Framework. This Action Area focuses on the interplay of three drivers—the physical environment, social and economic conditions, and policy and governance—in influencing health equity. In this article we review some of the policy and governance challenges confronting decisionmakers as they seek to create healthy communities on a broad scale. We use these challenges as a framework for understanding where the most critical gaps still exist, where the links could be exploited more effectively, and where there are opportunities for further research and policy development.

A Culture Of Health And Human Rights

Wendy K. Mariner^{1,*} and George J. Annas²

Abstract

A culture of health can be seen as a social norm that values health as the nation's priority or as an appeal to improve the social determinants of health. Better population health will require changing social and economic policies. Effective changes are unlikely unless health advocates can leverage a framework broader than health to mobilize political action in collaboration with non-health sector advocates. We suggest that human rights—the dominant international source of norms for government responsibilities—provides this broader framework. Human rights, as expressed in the Universal Declaration of Human Rights and enforceable treaties, require governments to assure their populations nondiscriminatory access to food, water, education, work, social security, and a standard of living adequate for health and well-being. The policies

needed to realize human rights also improve population health, well-being, and equity. Aspirations for human rights are strong enough to endure beyond inevitable setbacks to specific causes.

Insights Into Collaborative Networks Of Nonprofit, Private, And Public Organizations That Address Complex Health Issues

Rachel A. Hogg^{1,*} and Danielle Varda²

Abstract

Community networks that include nonprofit, public, and private organizations have formed around many health issues, such as chronic disease management and healthy living and eating. Despite the increases in the numbers of and funding for cross-sector networks, and the growing literature about them, there are limited data and methods that can be used to assess their effectiveness and analyze their designs. We addressed this gap in knowledge by analyzing the characteristics of 260 cross-sector community health networks that collectively consisted of 7,816 organizations during the period 2008–15. We found that nonprofit organizations were more prevalent than private firms or government agencies in these networks. Traditional types of partners in community health networks such as hospitals, community health centers, and public health agencies were the most trusted and valued by other members of their networks. However, nontraditional partners, such as employer or business groups and colleges or universities, reported contributing relatively high numbers of resources to their networks. Further evidence is needed to inform collaborative management processes and policies as a mechanism for building what the Robert Wood Johnson Foundation describes as a culture of health.

Modeling The Economic Burden Of Adult Vaccine-Preventable Diseases In The United States

Sachiko Ozawa, Allison Portnoy, Hiwote Getaneh, Samantha Clark, Maria Knoll, David Bishai, H. Keri Yang, and Pallavi D. Patwardhan

Health Aff November 2016 35:2124-2132; published ahead of print October 12, 2016, doi:10.1377/hlthaff.2016.0462

Abstract

Vaccines save thousands of lives in the United States every year, but many adults remain unvaccinated. Low rates of vaccine uptake lead to costs to individuals and society in terms of deaths and disabilities, which are avoidable, and they create economic losses from doctor visits, hospitalizations, and lost income. To identify the magnitude of this problem, we calculated the current economic burden that is attributable to vaccine-preventable diseases among US adults. We estimated the total remaining economic burden at approximately \$9 billion (plausibility range: \$4.7–\$15.2 billion) in a single year, 2015, from vaccine-preventable diseases related to ten vaccines recommended for adults ages nineteen and older. Unvaccinated individuals are responsible for almost 80 percent, or \$7.1 billion, of the financial burden. These results not only indicate the potential economic benefit of increasing adult immunization uptake but also highlight the value of vaccines. Policies should focus on minimizing the negative externalities or spillover effects from the choice not to be vaccinated, while preserving patient autonomy.

Health and Human Rights

Volume 18, Issue 1, June 2016

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

Special Section: Tuberculosis and the Right to Health

in collaboration with the International Human Rights Clinic, University of Chicago Law School
[Reviewed earlier]

Health Economics, Policy and Law

Volume 11 - Issue 4 - October 2016

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

[Reviewed earlier]

Health Policy and Planning

Volume 31 Issue 9 November 2016

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

[Reviewed earlier]

Health Research Policy and Systems

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

[Accessed 12 November 2016]

[No new relevant content]

Humanitarian Exchange Magazine

Number 67 September 2016

<http://odihpn.org/magazine/humanitarian-innovation/>

[Refugees and vulnerable migrants in Europe](#)

[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)

Volume 12, Issue 10, 2016

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 12 November 2016]

[No new relevant content]

Infectious Diseases of Poverty

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

[Accessed 12 November 2016]

[No new relevant content]

International Health

Volume 8 Issue 5 September 2016

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

[Reviewed earlier]

International Journal of Community Medicine and Public Health

2016; 3(11): 2987-2992

<http://www.scopemed.org/?iid=2016-3-11.000&&jid=109&lng=>

[Reviewed earlier]

International Journal of Epidemiology

Volume 45 Issue 5 October 2016

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

Photo Essays

Measles outbreak response vaccination in the Federated States of Micronesia

Sameer V Gopalani, Louisa Helgenberger, Carter Apaisam, Spencer Donre, Keyleen Takiri, Jocelyne Charley, Anamaria Yomai, Peter Judicpa, Naoki Nakazono, Eliaser Johnson, Eleanor Setik, Livinson Taulung, Augustus Elias, and Lisa Barrow-Kohler

Int. J. Epidemiol. (2016) 45 (5): 1394-1400 doi:10.1093/ije/dyw111

Extract

Measles is an acute, highly infectious, viral disease transmitted through respiratory droplets and aerosolized droplet nuclei.¹ It is characterized by fever, cough, coryza, conjunctivitis and generalized maculopapular rash typical of the disease (Figure 1).

After 20 years with no reported measles cases, a widespread outbreak occurred in the Federated States of Micronesia (FSM), an Oceanic island nation just north of the Equator.² From February to August 2014, a multi-state outbreak affected three of the four FSM states. As part of a systematic outbreak-response following the first laboratory-confirmed case of measles, an emergency mass vaccination campaign was launched successively in each FSM state, to interrupt transmission and contain the outbreak.

Vaccinating the target population of 82 472—80% of the national population—required concerted collaborative efforts of FSM state and national immunization programmes with support from all three levels of government and international ...

International Journal of Infectious Diseases

November 2016 Volume 52, In Progress

[http://www.ijidonline.com/issue/S1201-9712\(16\)X0010-0](http://www.ijidonline.com/issue/S1201-9712(16)X0010-0)

[Reviewed earlier]

JAMA

November 8, 2016, Vol 316, No. 18, Pages 1841-1932

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

[New issue; No relevant content identified]

JAMA Pediatrics

November 1, 2016, Vol 170, No. 11, Pages 1033-1124

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

Research Letter

Vaccination Coverage Rates and Factors Associated With Incomplete Vaccination or Exemption Among School-age Children Based in Public Schools in New York State

Jessica A. Nadeau, PhD; Louise-Anne McNutt, PhD; Jana Shaw, MD, MPH, MS

JAMA Pediatr. 2016;170(11):1104-1107. doi:10.1001/jamapediatrics.2016.1347

This study assesses vaccination coverage rates and factors associated with either incomplete vaccination or exemptions among school-age children in New York State public schools outside of New York City.

Journal of Community Health

Volume 41, Issue 6, December 2016

<http://link.springer.com/journal/10900/41/6/page/1>

[Reviewed earlier]

Journal of Epidemiology & Community Health

November 2016, Volume 70, Issue 11

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

[Reviewed earlier]

Journal of Global Ethics

Volume 12, Issue 2, 2016

<http://www.tandfonline.com/toc/rjge20/current>

[Reviewed earlier]

Journal of Global Infectious Diseases (JGID)

October-December 2016 Volume 8 | Issue 4 Page Nos. 127-162

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

EXPERT RECOMMENDATIONS

Consensus recommendation for India and Bangladesh for the use of pneumococcal vaccine in mass gatherings with special reference to Hajj pilgrims

Dilip Mathai, Abul Khair Mohammad Shamsuzzaman, Ahrar Ahmed Feroz, Amin R Virani, Ashfaq Hasan, KL Ravi Kumar, Khalid Ansari, Khandaker ATM Forhad Hossain, Mahesh Marda, MA Wahab Zubair, Mohammed Mukarram Ali, N Ashraf, Riyaz Basha, Shaeq Mirza, Shafeeq Ahmed, Shamim Akhtar, Syed Mustafa Ashraf, Zahirul Haque
DOI:10.4103/0974-777X.193749

Abstract

Respiratory tract infections are prevalent among Hajj pilgrims with pneumonia being a leading cause of hospitalization. Streptococcus pneumoniae is a common pathogen isolated from patients with pneumonia and respiratory tract infections during Hajj. There is a significant burden of pneumococcal disease in India, which can be prevented. Guidelines for preventive

measures and adult immunization have been published in India, but the implementation of the guidelines is low. Data from Bangladesh are available about significant mortality due to respiratory infections; however, literature regarding guidelines for adult immunization is limited. There is a need for extensive awareness programs across India and Bangladesh. Hence, there was a general consensus about the necessity for a rapid and urgent implementation of measures to prevent respiratory infections in pilgrims traveling to Hajj. About ten countries have developed recommendations for pneumococcal vaccination in Hajj pilgrims: France, the USA, Kuwait, Qatar, Bahrain, the UAE (Dubai Health Authority), Singapore, Malaysia, Egypt, and Indonesia. At any given point whether it is Hajj or Umrah, more than a million people are present in the holy places of Mecca and Madina. Therefore, the preventive measures taken for Hajj apply for Umrah as well. This document puts forward the consensus recommendations by a group of twenty doctors following a closed-door discussion based on the scientific evidence available for India and Bangladesh regarding the prevention of respiratory tract infections in Hajj pilgrims.

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

Volume 27, Number 4, November 2016

<https://muse.jhu.edu/issue/35214>

[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 18, Issue 6, December 2016

<http://link.springer.com/journal/10903/18/5/page/1>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 14, Issue 3, 2016

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

Special Issue: Social Mobilization and Political Participation in the Diaspora During the "Arab Spring"

[Reviewed earlier]

Journal of Infectious Diseases

Volume 214 Issue 10 November 15, 2016

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

[Reviewed earlier]

The Journal of Law, Medicine & Ethics

Winter 2015 Volume 43, Issue 4 Pages 673–913

<http://onlinelibrary.wiley.com/doi/10.1111/jlme.2015.43.issue-4/issuetoc>

Special Issue: SYMPOSIUM: Harmonizing Privacy Laws to Enable International Biobank Research: Part I

[14 articles]

[Reviewed earlier]

Journal of Medical Ethics

November 2016, Volume 42, Issue 11

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

[Reviewed earlier]

Journal of Medical Internet Research

Vol 18, No 11 (2016): November

<http://www.jmir.org/2016/11>

[Reviewed earlier]

Journal of Medical Microbiology

Volume 65, Issue 10, October 2016

<http://jmm.microbiologyresearch.org/content/journal/jmm/65/10>

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 3, Issue 3 (2016)

<http://digitalrepository.aurorahealthcare.org/jpcrr/>

[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)

Volume 5 Issue 12 November 2016

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

[Reviewed earlier]

Journal of Pediatrics

November 2016 Volume 178, p1-312

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

[New issue; No relevant content identified]

Journal of Public Health Policy

Volume 37, Issue 1 Supplement, September 2016

<http://link.springer.com/journal/41271/37/1/suppl/page/1>

[Reviewed earlier]

Journal of the Royal Society – Interface

01 November 2016; volume 13, issue 124

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

[Reviewed earlier]

Journal of Travel Medicine

Volume 24, Issue 1, July 2016

<http://jtm.oxfordjournals.org/content/24/1>

[Reviewed earlier]

Journal of Virology

November 2016, volume 90, issue 22

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

[Reviewed earlier]

The Lancet

Nov 12, 2016 Volume 388 Number 10058 p2323-2448

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

Editorial

Brexit's effect on access to new medicines

The Lancet

Articles

Dissonant health transition in the states of Mexico, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

Héctor Gómez-Dantés, Nancy Fullman, Héctor Lamadrid-Figueroa, Lucero Cahuana-Hurtado, Blair Darney, Leticia Avila-Burgos, Ricardo Correa-Rotter, Juan A Rivera, Simon Barquera, Eduardo González-Pier, Tania Aburto-Soto, Elga Filipa Amorin de Castro, Tonatiuh Barrientos-Gutiérrez, Ana C Basto-Abreu, Carolina Batis, Guilherme Borges, Ismael Campos-Nonato, Julio C Campuzano-Rincón, Alejandra de Jesús Cantoral-Preciado, Alejandra G Contreras-Manzano, Lucia Cuevas-Nasu, Vanessa V de la Cruz-Gongora, Jose L Diaz-Ortega, María de Lourdes García-García, Armando Garcia-Guerra, Teresita González de Cossío, Luz D González-Castell, Ileana Heredia-Pi, Marta C Hjar-Medina, Alejandra Jauregui, Aida Jimenez-Corona, Nancy Lopez-Olmedo, Carlos Magis-Rodríguez, Catalina Medina-Garcia, Maria E Medina-Mora, Fabiola Mejia-Rodriguez, Julio C Montañez, Pablo Montero, Alejandra Montoya, Grea L Moreno-Banda, Andrea Pedroza-Tobías, Rogelio Pérez-Padilla, Amado D Quezada, Vesta L Richardson-López-Collada, Horacio Riojas-Rodríguez, Maria J Ríos Blancas, Christian Razo-Garcia, Martha P Romero Mendoza, Tania G Sánchez-Pimienta, Luz M Sánchez-Romero, Astrid Schilman, Edson Servan-Mori, Teresa Shamah-Levy, Martha M Téllez-Rojo, José L Texcalac-Sangrador, Haidong Wang, Theo Vos, Mohammad H Forouzanfar, Mohsen Naghavi, Alan D Lopez, Christopher J L Murray, Rafael Lozano

Summary

Background

Child and maternal health outcomes have notably improved in Mexico since 1990, whereas rising adult mortality rates defy traditional epidemiological transition models in which decreased death rates occur across all ages. These trends suggest Mexico is experiencing a more complex, dissonant health transition than historically observed. Enduring inequalities between states further emphasise the need for more detailed health assessments over time. The Global Burden

of Diseases, Injuries, and Risk Factors Study 2013 (GBD 2013) provides the comprehensive, comparable framework through which such national and subnational analyses can occur. This study offers a state-level quantification of disease burden and risk factor attribution in Mexico for the first time.

Methods

We extracted data from GBD 2013 to assess mortality, causes of death, years of life lost (YLLs), years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) in Mexico and its 32 states, along with eight comparator countries in the Americas. States were grouped by Marginalisation Index scores to compare subnational burden along a socioeconomic dimension. We split extracted data by state and applied GBD methods to generate estimates of burden, and attributable burden due to behavioural, metabolic, and environmental or occupational risks. We present results for 306 causes, 2337 sequelae, and 79 risk factors.

Findings

From 1990 to 2013, life expectancy from birth in Mexico increased by 3·4 years (95% uncertainty interval 3·1–3·8), from 72·1 years (71·8–72·3) to 75·5 years (75·3–75·7), and these gains were more pronounced in states with high marginalisation. Nationally, age-standardised death rates fell 13·3% (11·9–14·6%) since 1990, but state-level reductions for all-cause mortality varied and gaps between life expectancy and years lived in full health, as measured by HALE, widened in several states. Progress in women's life expectancy exceeded that of men, in whom negligible improvements were observed since 2000. For many states, this trend corresponded with rising YLL rates from interpersonal violence and chronic kidney disease. Nationally, age-standardised YLL rates for diarrhoeal diseases and protein-energy malnutrition markedly decreased, ranking Mexico well above comparator countries. However, amid Mexico's progress against communicable diseases, chronic kidney disease burden rapidly climbed, with age-standardised YLL and DALY rates increasing more than 130% by 2013. For women, DALY rates from breast cancer also increased since 1990, rising 12·1% (4·6–23·1%). In 2013, the leading five causes of DALYs were diabetes, ischaemic heart disease, chronic kidney disease, low back and neck pain, and depressive disorders; the latter three were not among the leading five causes in 1990, further underscoring Mexico's rapid epidemiological transition. Leading risk factors for disease burden in 1990, such as undernutrition, were replaced by high fasting plasma glucose and high body-mass index by 2013. Attributable burden due to dietary risks also increased, accounting for more than 10% of DALYs in 2013.

Interpretation

Mexico achieved sizeable reductions in burden due to several causes, such as diarrhoeal diseases, and risks factors, such as undernutrition and poor sanitation, which were mainly associated with maternal and child health interventions. Yet rising adult mortality rates from chronic kidney disease, diabetes, cirrhosis, and, since 2000, interpersonal violence drove deteriorating health outcomes, particularly in men. Although state inequalities from communicable diseases narrowed over time, non-communicable diseases and injury burdens varied markedly at local levels. The dissonance with which Mexico and its 32 states are experiencing epidemiological transitions might strain health-system responsiveness and performance, which stresses the importance of timely, evidence-informed health policies and programmes linked to the health needs of each state.

Funding

Bill & Melinda Gates Foundation, Instituto Nacional de Salud Pública.

Viewpoint

Assessment of economic vulnerability to infectious disease crises

Peter Sands, Anas El Turabi, Philip A Saynisch, Victor J Dzau

Summary

Infectious disease crises have substantial economic impact. Yet mainstream macroeconomic forecasting rarely takes account of the risk of potential pandemics. This oversight contributes to persistent underestimation of infectious disease risk and consequent underinvestment in preparedness and response to infectious disease crises. One reason why economists fail to include economic vulnerability to infectious disease threats in their assessments is the absence of readily available and digestible input data to inform such analysis. In this Viewpoint we suggest an approach by which the global health community can help to generate such inputs, and a framework to use these inputs to assess the economic vulnerability to infectious disease crises of individual countries and regions. We argue that incorporation of these risks in influential macroeconomic analyses such as the reports from the International Monetary Fund's Article IV consultations, rating agencies and risk consultancies would simultaneously improve the quality of economic risk forecasting and reinforce individual government and donor incentives to mitigate infectious disease risks.

Lancet Global Health

Nov 2016 Volume 4 Number 11 e761-e871

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

[Reviewed earlier]

The Lancet Infectious Diseases

Nov 2016 Volume 16 Number 11 p1203-1304 e241-e275

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 20, Issue 11, November 2016

<http://link.springer.com/journal/10995/20/11/page/1>

From the Field

Improving Access to Child Health Care in Indonesia Through Community Case Management

Agus Setiawan, Denise Dignam, Cheryl Waters...

Medical Decision Making (MDM)

November 2016; 36 (8)

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

September 2016 Volume 94, Issue 3 Pages 437–694

<http://onlinelibrary.wiley.com/doi/10.1111/milq.2016.94.issue-3/issuetoc>
[Reviewed earlier]

Nature

Volume 539 Number 7628 pp139-324 10 November 2016
http://www.nature.com/nature/current_issue.html
[New issue; No relevant content identified]

Nature Medicine

November 2016, Volume 22 No 11 pp1193-1367
<http://www.nature.com/nm/journal/v22/n11/index.html>
Editorial
[Railroading at the FDA](#) - p1193
doi:10.1038/nm.4234

The US Food and Drug Administration approved a muscular-dystrophy drug against the scientific advice of its own staff and advisors. Despite leadership's attempts to downplay the controversy, doubts now surround standards for accelerated approval.

Nature Reviews Immunology

November 2016 Vol 16 No 11
<http://www.nature.com/nri/journal/v16/n10/index.html>
[New issue; No relevant content identified]

New England Journal of Medicine

November 10, 2016 Vol. 375 No. 19
<http://www.nejm.org/toc/nejm/medical-journal>
[New issue; No relevant content identified]

Pediatrics

November 2016, VOLUME 138 / ISSUE
<http://pediatrics.aappublications.org/content/138/5?current-issue=y>
[Reviewed earlier]

Pharmaceutics

Volume 8, Issue 3 (September 2016)
<http://www.mdpi.com/1999-4923/8/3>
[Reviewed earlier]

PharmacoEconomics

Volume 34, Issue 11, November 2016
<http://link.springer.com/journal/40273/34/11/page/1>

[Reviewed earlier]

PLOS Currents: Disasters

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

[Accessed 12 November 2016]

[No new content]

PLoS Currents: Outbreaks

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

[Accessed 12 November 2016]

[No new content]

PLoS Medicine

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

(Accessed 12 November 2016)

Perspective

Three Steps to Improve Management of Noncommunicable Diseases in Humanitarian Crises

Kiran Jobanputra, Philippa Boule, Bayard Roberts, Pablo Perel

| published 08 Nov 2016 PLOS Medicine

<http://dx.doi.org/10.1371/journal.pmed.1002180>

Initial text

Treatment of noncommunicable diseases (NCDs) is particularly challenging in settings affected by humanitarian crises, where insecurity and damaged health systems reduce access to treatment. While a United Nations (UN) Political Declaration and a World Health Organization (WHO) Global Action Plan recognise the significant contribution of NCDs to global morbidity and mortality [1, 2], the problem of NCDs during emergencies and in humanitarian response has been underrecognised [3]. The evidence base is negligible: a systematic review on the effectiveness of interventions for NCDs in humanitarian settings found just eight studies published over the last 35 years, four of which came from the same refugee camp in Jordan [4]. Humanitarian guidelines (e.g., Sphere) provide scant information on NCDs [5], while leading international NCD guidelines are based on evidence from resource-rich settings and adapted to fit stable, resource-constrained settings [6].

Research Article

Measures of Malaria Burden after Long-Lasting Insecticidal Net Distribution and Indoor Residual Spraying at Three Sites in Uganda: A Prospective Observational Study

Agaba Katureebe, Kate Zinszer, Emmanuel Arinaitwe, John Rek, Elijah Kakande, Katia Charland, Ruth Kigozi, Maxwell Kilama, Joaniter Nankabirwa, Adoke Yeka, Henry Mawejje, Arthur Mpimbaza, Henry Katamba, Martin J. Donnelly, Philip J. Rosenthal, Chris Drakeley, Steve W. Lindsay, Sarah G. Staedke, David L. Smith, Bryan Greenhouse, Moses R. Kamya, Grant Dorsey

| published 08 Nov 2016 PLOS Medicine

<http://dx.doi.org/10.1371/journal.pmed.1002167>

PLoS Neglected Tropical Diseases

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

(Accessed 12 November 2016)

Research Article

Use of the Health Belief Model for the Assessment of Public Knowledge and Household Preventive Practices in Karachi, Pakistan, a Dengue-Endemic City

Taranum Ruba Siddiqui, Saima Ghazal, Safia Bibi, Waquaruddin Ahmed, Shaimuna Fareeha Sajjad

Research Article / published 10 Nov 2016 PLOS Neglected Tropical Diseases

<http://dx.doi.org/10.1371/journal.pntd.0005129>

Viewpoints

Zika Virus May Affect the Universal Two-Child Policy: A New Challenge for China

Pengcheng Zhou, Juan Wang, Yixiang Zheng, Rongrong Zhou, Xue-Gong Fan

| published 10 Nov 2016 PLOS Neglected Tropical Diseases

<http://dx.doi.org/10.1371/journal.pntd.0004984>

PLoS One

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

[Accessed 12 November 2016]

Research Article

Differences in Influenza Vaccination Coverage between Adult Immigrants and Italian Citizens at Risk for Influenza-Related Complications: A Cross-Sectional Study

Massimo Fabiani, Flavia Riccardo, Anteo Di Napoli, Lidia Gargiulo, Silvia Declich, Alessio Petrelli

Research Article | published 10 Nov 2016 PLOS ONE

<http://dx.doi.org/10.1371/journal.pone.0166517>

Nationwide Trends in Bacterial Meningitis before the Introduction of 13-Valent Pneumococcal Conjugate Vaccine—Burkina Faso, 2011–2013

Dinanibè Kambiré, Heidi M. Soeters, Rasmata Ouédraogo-Traoré, Isaïe Medah, Lassana Sangare, Issaka Yaméogo, Guetawendé Sawadogo, Abdoul-Salam Ouédraogo, Soumeiya Hema-Ouangraoua, Lesley McGee, Velusamy Srinivasan, Flavien Aké, Malika Congo-Ouédraogo, Soufian Sanou, Absatou Ky Ba, Ryan T. Novak, Chris Van Beneden, MenAfriNet Consortium

Research Article | published 10 Nov 2016 PLOS ONE

<http://dx.doi.org/10.1371/journal.pone.0166384>

Pneumococcal Carriage in Children under Five Years in Uganda-Will Present Pneumococcal Conjugate Vaccines Be Appropriate?

Ann Lindstrand, Joan Kalyango, Tobias Alfvén, Jessica Darenberg, Daniel Kadobera, Freddie Bwanga, Stefan Peterson, Birgitta Henriques-Normark, Karin Källander

Research Article | published 09 Nov 2016 PLOS ONE

<http://dx.doi.org/10.1371/journal.pone.0166018>

Research Article

A Platform for Designing Genome-Based Personalized Immunotherapy or Vaccine against Cancer

Sudheer Gupta, Kumardeep Chaudhary, Sandeep Kumar Dhanda, Rahul Kumar, Shailesh Kumar, Manika Sehgal, Gandharva Nagpal, Gajendra P. S. Raghava
Published: November 10, 2016
<http://dx.doi.org/10.1371/journal.pone.0166372>

PLoS Pathogens

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

(Accessed 12 November 2016)

[No new relevant content]

PNAS - Proceedings of the National Academy of Sciences of the United States of America

<http://www.pnas.org/content/early/>

[No new relevant content]

Prehospital & Disaster Medicine

Volume 31 - Issue 5 - October 2016

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

[Reviewed earlier]

Preventive Medicine

Volume 90, Pages 1-222 (September 2016)

<http://www.sciencedirect.com/science/journal/00917435/90>

[Reviewed earlier]

Proceedings of the Royal Society B

12 October 2016; volume 283, issue 1840

<http://rspb.royalsocietypublishing.org/content/283/1824?current-issue=y>

[New issue; No relevant content]

Public Health Ethics

Volume 9 Issue 12 November 2016

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

[Reviewed earlier]

Public Health Reports

September/October 2016; 131 (5)

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

[Reviewed earlier]

Qualitative Health Research

December 2016; 26 (14)

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

Special Issue: General

[Reviewed earlier]

Reproductive Health

<http://www.reproductive-health-journal.com/content>

[Accessed 12 November 2016]

[No relevant content identified]

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

Recently Published Articles - September

http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101

Thematic Issue on Climate-smart and Sustainable societies in the Americas

Addressing public health vulnerabilities and promoting sustainable adaptation

[Reviewed earlier]

Risk Analysis

September 2016 Volume 36, Issue 9 Pages 1683–1812

<http://onlinelibrary.wiley.com/doi/10.1111/risa.2016.36.issue-9/issuetoc>

Special Issue: Air Pollution Health Risks

[Reviewed earlier]

Risk Management and Healthcare Policy

Volume 9, 2016

<https://www.dovepress.com/risk-management-and-healthcare-policy-archive56>

[Reviewed earlier]

Science

11 November 2016 Vol 354, Issue 6313

<http://www.sciencemag.org/current.dtl>

Editorial

[Who should direct WHO?](#)

By David L. Heymann

Science 11 Nov 2016 : 685

Summary

Last week, member states of the World Health Organization (WHO) advanced another step in the nearly 1-year rigorous process of selecting its next director-general. Candidates for the position presented their vision of international health work and the role of this global health body. Having worked at WHO in a number of capacities in the area of infectious diseases, I know well that international health covers a wide breadth of issues. Add to that

noncommunicable diseases and matters such as intellectual property and universal health coverage, and it becomes clear that the next director-general must be a jack of all trades, but also a master of one—leadership in public health. Leadership in this role is about conceiving and articulating a vision, staying faithful to that vision in the face of undue influence, and effectively engaging with not only governments, but with all stakeholders to gain their support and enable the vision to be realized.

Policy Forum

Precaution and governance of emerging technologies

By Gregory E. Kaebnick, Elizabeth Heitman, James P. Collins, Jason A. Delborne, Wayne G. Landis, Keegan Sawyer, Lisa A. Taneyhill, David E. Winickoff

Science 11 Nov 2016 : 710-711 Restricted Access

Precaution can be consistent with support of science

Summary

Precautionary approaches to governance of emerging technology call for constraints on the use of technology whose outcomes include potential harms and are characterized by high levels of complexity and uncertainty. Although articulated in a variety of ways, proponents of precaution often argue that its essential feature is to require more evaluation of a technology before it is put to use, which increases the burden of proof that its overall effect is likely to be beneficial. Critics argue that precaution reflects irrational fears of unproven risks—"risk panics" (1)—and would paralyze development and use of beneficial new technologies (1, 2). Advocates give credence to this view when they suggest that precaution leads necessarily to moratoria (3). Progress in the debate over precaution is possible if we can reject the common assumption that precaution can be explained by a simple high-level principle and accept instead that what it requires must be worked out in particular contexts. The 2016 report from the U.S. National Academies of Science, Engineering, and Medicine (NASEM) on gene drive research (4) illustrates this position. The report shows both that precaution cannot be rejected out of hand as scaremongering and that meaningful precaution can be consistent with support for science.

Science Translational Medicine

09 November 2016 Vol 8, Issue 364

<http://stm.sciencemag.org/>

[New issue: No relevant content identified]

Social Science & Medicine

Volume 169, Pages 1-202 (November 2016)

<http://www.sciencedirect.com/science/journal/02779536/169>

[Reviewed earlier]

Travel Medicine and Infectious Diseases

September-October, 2016 Volume 14, Issue 5

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

[Reviewed earlier]

Tropical Medicine & International Health

November 2016 Volume 21, Issue 11 Pages 1347–1488, E1–E1

<http://onlinelibrary.wiley.com/doi/10.1111/tmi.2016.21.issue-11/issuetoc>

[Reviewed earlier]

Vaccine

Volume 34, Issue 48, Pages 5819-5990 (21 November 2016)

<http://www.sciencedirect.com/science/journal/0264410X/34/48>

[Reviewed earlier]

Vaccine: Development and Therapy

<https://www.dovepress.com/vaccine-development-and-therapy-archive111>

(Accessed 12 November 2016)

[No new relevant content]

Vaccines — Open Access Journal

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

(Accessed 12 November 2016)

[No new relevant content]

Value in Health

November 2016 Volume 19, Issue 7

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

[Reviewed earlier]

* * * *

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

No new articles identified.

* * * *

Media/Policy Watch

This watch section is intended to alert readers to substantive news, analysis and opinion from the general media and selected think tanks and similar organizations 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 12 November 2016

[No new, unique, relevant content]

BBC

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

Accessed 12 November 2016

[No new, unique, relevant content]

The Economist

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

Accessed 12 November 2016

[No new, unique, relevant content]

Financial Times

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

Accessed 12 November 2016

[No new, unique, relevant content]

Forbes

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

Accessed 12 November 2016

[World Pneumonia Day: Progress But Also 5 Troubling Trends](#)

Bruce Y. Lee, Contributor

Pneumonia is one of the top 5 causes of death worldwide among children under 5 years of age. In the U.S. next to giving birth, pneumonia is the most common reason why adults get admitted to the hospital. While the past decades have seen advances in preventing, controlling, and treating pneumonia, some troubling trends that threaten to reverse the gains.

Foreign Affairs

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

Accessed 12 November 2016

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<http://foreignpolicy.com/>

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The Guardian

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

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

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

Accessed 12 November 2016

Haiti Opens a Drive to Vaccinate 820,000 as Cholera Flares

November 10, 2016 - By REUTERS - World

J&J Vaccine Plus Gilead Immune Booster Shows Promise as HIV Fighter

CHICAGO — An experimental HIV vaccine from Johnson & Johnson combined with an immune system booster from Gilead Sciences Inc showed promise at keeping the virus at bay in monkeys even after treatments had stopped, marking yet..

November 09, 2016 - By REUTERS - Business Day

Wall Street Journal

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

Accessed 12 November 2016

Novavax to Cut 30% of Workforce

By Anne Steele

Nov. 9, 2016 5:55 pm ET

Washington Post

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

Accessed 12 November 2016

Parents are insisting on doctors who insist on vaccinations

The backlash against the anti-vaccine movement is gaining strength.

Lena H. Sun | Health-Environment-Science | Nov 12, 2016

Think Tanks et al

Brookings

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

Accessed 12 November 2016

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Center for Global Development [to 12 November 2016]

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

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

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

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[No new relevant content]

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