Vaccines and Global Health: The Week in Review
2 December 2017
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 https://centerforvaccineethicsandpolicy.net. 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

Editor's Note:

The SAGE meeting in October 2017 included a number of important reports and addressed a wide range of issues as detailed in the Final Agenda and supported by meeting documentation.

The full meeting report in the Weekly Epidemiological Record is referenced below and we encourage readers to engage it. We elected to provide the report's full text on a key agenda element – the progress report on the Global Vaccine Action Plan [GVAP] and the proposed immunization indictors for the Sustainable Development Goals [SDGs/Agenda 2030].

WHO - Meeting of the Strategic Advisory Group of Experts on immunization, October 2017 – conclusions and recommendations

Weekly Epidemiological Record, 1 December 2017, vol. 92, 48 (pp. 729–748)

Global Vaccine Action Plan (GVAP): progress report

SAGE reviewed the draft assessment report and recommendations by the Decade of Vaccines (DoV) Working Group and noted that in 2016, while some progress was made towards the goals set out in the GVAP,*9* multiple issues at many levels threaten progress, and have the potential to reverse hard-won gains; these include global economic uncertainty, conflicts and natural disasters, displacement and migration, and infectious disease outbreaks. Moreover, SAGE noted concerning signs of complacency and inadequate political commitment to immunization, as well as limited global appreciation of its power to achieve wider health and development objectives. Additional risks identified include growing levels of vaccine hesitancy, the worrying rise in vaccine stock-outs disrupting access to vaccines, and the continued under-performance of certain countries (the "outlier countries") relative to others within their region.*10*

In order to address the situation and to accelerate progress towards attaining the GVAP goals, SAGE issued 12 recommendations:

1. ***Broadening the dialogue:*** The entire immunization community should ensure that immunization is fully aligned and integrated with global health and development agendas – including global health security and the International Health Regulations, health systems strengthening and universal health coverage, and the battle against antimicrobial resistance – and that dialogue is strengthened with additional constituencies such as the business and financial sectors.

Subsidiary recommendation:

1b. *Joint External Evaluations:* An assessment should be made of immunization-related inputs into national Joint External Evaluations for the International Health Regulations, in order to review the references made to immunization in the evaluations and resulting national action plans.

2. ***Funding transitions:*** Until polio eradication is achieved, financial and technical support provided through the Global Polio Eradication Initiative, GAVI and WHO support should be maintained in at least the 16 polio priority countries in order to ensure the success of eradication efforts and to mitigate the risks to infectious disease surveillance, routine immunization and global health security more generally.

3. ***Polio and communicable disease surveillance*:** Poliomyelitis laboratory and epidemiological surveillance capacities should be maintained in countries across all WHO Regions throughout and beyond the polio endgame and certification process, and built upon to strengthen communicable disease surveillance systems, especially for measles and rubella, and other vaccine-preventable diseases.

4. ***Outlier countries**:* Comprehensive multidimensional assessments should be undertaken in countries experiencing the greatest difficulties in achieving GVAP goals and used to develop bespoke and costed remediation plans addressing systemic weaknesses, integrating existing improvement plans and including a strong focus on monitoring and evaluation frameworks to support effective implementation.

5. ***Maternal and neonatal tetanus:*** Concerted efforts should be made to achieve global elimination by 2020 and sustain it thereafter, particularly by exploiting the opportunity to expand coverage to underserved populations through use of compact pre-filled auto-disable devices.

6. ***Displaced, mobile and neglected populations:*** Existing knowledge on reaching displaced and mobile populations – including individuals escaping conflict zones or natural disasters, economic migrants, seasonal migrants, those moving to urban centres, and traditional nomadic communities – and other neglected populations should be synthesized to identify good practice, innovative new approaches and gaps in knowledge.

7. ***Acceptance and demand:*** Each country should develop a strategy to increase acceptance and demand for vaccination, which should include ongoing community engagement and trust-building, active hesitancy prevention, regular national assessment of vaccine concerns, and crisis response planning.

8. ***Civil Society Organizations:*** Countries should aim to broaden and deepen their engagement with CSOs, expanding the range of CSOs with which they interact and extending their input into areas such as programme planning.

Subsidiary recommendation:
8b. *Legal frameworks:* A comprehensive global audit should be undertaken to document the ways in which legislation and regulation have been used to promote or undermine immunization at a national level, to identify how legal and regulatory instruments can be best applied in different contexts and for different purposes to strengthen immunization systems.

9. ***Technical capacity-building:*** Through a multidimensional approach, the technical capacity of countries' immunization programmes should be systematically assessed and strengthened, by leveraging regional and national expertise and opportunities as well as global tools and resources.

10. ***Vaccine access:*** Multidimensional analyses should be undertaken to identify procurement and other programmatic issues affecting timely provision of vaccination, including to the most neglected and remote populations, and used to develop more effective procurement, stock management and distribution plans.

11. ***Vaccine supply:*** Current and anticipated vaccine supply and demand for routinely used vaccines should continue to be mapped and constraints identified, integrating and expanding other relevant ongoing work and focusing on vaccines most at risk of supply shortages.

12. ***Middle-income countries:*** WHO Regional Offices should support middle-income countries in their Regions by leveraging all opportunities to promote the exchange of information, the sharing of lessons learnt and peer-to-peer support.

SAGE was also presented with a selection of **indicators for immunization that will be monitored under the Sustainable Development Goals (SDGs) framework**, along with an options analysis and the recommendations from the DoV Working Group. SAGE was mindful of the need for ambitious and aspirational indicators which nevertheless allow comparability across time and countries and safeguard country ownership. Hence, SAGE proposed to submit for consideration to the Interagency Expert Group for SDGs the following option for indicator 3.b.1 (proportion of the target population covered by all vaccines included in their national programme): coverage estimates for 4 vaccines, i.e. DTP-containing vaccine third dose, MCV second dose, PCV last dose in the country schedule, and HPV vaccine last dose in the country schedule. For SDG indicator 3.8.1, SAGE proposed MCV second dose as an option for consideration in 2018, which would replace the current indicator which is DTP-containing vaccine third dose. SAGE recognized the opportunity to submit a revised definition (i.e. wording) for indicator 3.b.1 as well as revised metadata to quantify the indicator by 2020.

Finally, SAGE was presented with an overview on the proposed process to develop a global immunization strategy for the next decade (2021–2030). SAGE agreed on the importance of having the strategy adopted by the World Health Assembly in May 2020 and urged WHO to work with all relevant partners from the immunization and the wider public health community towards this objective.

9 See www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/, accessed October 2017.
10 2017 SAGE Assessment Report of the Global Vaccine Action Plan. Available at http://www.who.int/entity/immunization/web_2017_sage_gvap_assessment_report_en.pdf?ua=1, accessed November 2017.

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Gavi [to 2 December 2017]
http://www.gavi.org/library/news/press-releases/
30 November 2017
ENGAGEMENT WITH TRANSITIONING COUNTRIES AND POST-TRANSITION
Between 2016 and 2020, at least 20 Gavi-supported countries are expected to transition out of Gavi's financial support. Most of these countries are on-track to fully finance their immunisation programmes and sustain the progress they have made since 2000, when Gavi was created. However, the Gavi Board recognised that a small number of countries are facing more significant challenges.

"Sustainability is at the heart of the Gavi model," said Dr Berkley. "Our transition approach is an unprecedented attempt to systematically support countries with growing economies to take full ownership of their immunisation programmes. The Alliance will work closely with governments to ensure that they remain on track, so that children are not left unprotected against deadly diseases."

The Gavi Board agreed to allow countries to apply for new vaccine support at any point during their transition. It decided that the Alliance should continue to engage with countries after they transition to track progress and continue to advocate for immunisation.

The Board also made available US$30 million through 2020 for the Alliance to provide targeted technical support to address specific challenges in countries after transition.

"I want to strongly commend the spirit of this Board meeting," said Dr Ngozi Okonjo-Iweala. "All partners have come together to take this important step towards Gavi's vision and support countries to develop sustainable health systems and economies, thanks to immunisation."

The Gavi Board also approved a tailored transition plan for Papua New-Guinea, which is due to transition in 2021, and approved a set of principles to guide the Alliance in developing a tailored transition plan for Nigeria.

At the Board's request, Gavi will also assess whether tailored post-transition support is needed in Angola, the Congo Republic, and Timor-Leste. The Board emphasised that governments will need to demonstrate clear commitment to ensure the sustainability and full domestic financing of immunisation programmes.

Finally, as part of Gavi's flexible approach with countries facing fragility or emergencies, the Gavi Board decided that South Sudan will continue to receive Gavi support despite not fulfilling its co-financing obligations in 2016.

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Dengue Vaccine – *Dengvaxia Update*

Sanofi updates information on dengue vaccine

New analysis of long-term Dengvaxia® data found differences in vaccine performance based on prior dengue infection

Company will ask regulators to update product label to reflect new information

PARIS, FRANCE – November 29, 2017 – Sanofi will ask health authorities to update information provided to physicians and patients on its dengue vaccine Dengvaxia® in countries where it is approved. The request is based on a new analysis of long-term clinical trial data, which found differences in vaccine performance based on prior dengue infection.

Based on up to six years of clinical data, the new analysis evaluated long-term safety and efficacy of Dengvaxia in people who had been infected with dengue prior to vaccination and those who had not. The analysis confirmed that Dengvaxia provides persistent protective benefit against dengue fever in those who had prior infection. For those not previously infected

by dengue virus, however, the analysis found that in the longer term, more cases of severe disease could occur following vaccination upon a subsequent dengue infection.

"These findings highlight the complex nature of dengue infection. We are working with health authorities to ensure that prescribers, vaccinators and patients are fully informed of the new findings, with the goal of enhancing the impact of Dengvaxia in dengue-endemic countries," said Dr. Su-Peing Ng, Global Medical Head, Sanofi Pasteur.

About half of the world's population lives in countries where four serotypes of dengue virus are in circulation. Every year an estimated 390 million dengue infections are reported. People can be infected with dengue up to four times in their lifetime and they can get severely ill after any of these infections. Surveillance data from some endemic countries indicate that between 70 and 90 percent of people will have been exposed to dengue at least once by the time they reach adolescence. There are many factors that can lead to severe dengue infection. However, the highest risk of getting more severe disease has been observed in people infected for the second time by a different dengue virus.

Dengvaxia is currently indicated in most of the countries for individuals 9 years of age and older living in a dengue-endemic area. In this indicated population, Dengvaxia has been shown to prevent 93 percent of severe disease and 80 percent of hospitalizations due to dengue over the 25 month phase of the large-scale clinical studies conducted in 10 countries in Latin America and Asia where dengue is widespread.

Proposed Label Update
Based on the new analysis, Sanofi will propose that national regulatory agencies update the prescribing information, known as the label in many countries, requesting that healthcare professionals assess the likelihood of prior dengue infection in an individual before vaccinating. Vaccination should only be recommended when the potential benefits outweigh the potential risks (in countries with high burden of dengue disease). For individuals who have not been previously infected by dengue virus, vaccination should not be recommended.

The Sanofi label proposal will be reviewed by national regulatory agencies in each of the countries where the vaccine is registered or under registration. Following their review, each agency might amend the company proposed label.

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WHO: Updated Questions and Answers related to information presented in the Sanofi Pasteur press release on 30 November 2017 with regards to the dengue vaccine Dengvaxia®
30 November 2017
[Excerpt]
What is WHO's interim interpretation of the data?
WHO's interim interpretation of data is that:
:: The vaccine significantly protects against hospitalized and severe dengue in subjects seropositive for dengue at time of first vaccination in all age groups studied;

:: The risk of hospitalized and severe dengue is significantly increased among vaccinated subjects who were seronegative for dengue at the time of first vaccination in all age groups studied;

WHO will conduct a full review of the data through the Global Advisory Committee on Vaccine Safety and SAGE, for revised guidance of the use of Dengvaxia®.

Pending the full review of the data, *as a precautionary and interim measure*, WHO recommends that Dengvaxia® is only administered to subjects that are known to have been infected with dengue prior to vaccination.

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Philippines Suspends Dengue Shots After Drug Firm's Warning

More than 740,000 students have already received Dengvaxia vaccinations, which could pose health risks for people not previously infected.
New York Times, December 01, 2017 - By FELIPE VILLAMOR

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 29 November 2017 [GPEI]

:: Both the Technical Advisory Group (TAG) on Polio Eradication in Afghanistan, and in Pakistan, have met this week. The TAGs are reviewing the latest epidemiology, and performing a thorough program review. The outcomes will help advise each country program on improving the planning and implementation of their National Emergency Action Plans.

:: *Summary of newly-reported viruses this week:*
...***Afghanistan:*** one new wild poliovirus type 1 (WPV1) case, from Nangarhar province.

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Syria cVDPV2 outbreak situation report 24: 28 November 2017

Situation update 28 November 2017

:: No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week in Syria. The most recent case (by date of onset) is 9 September 2017 from Mayadeen district.

:: The total number of confirmed cVDPV2 cases remains 70.

:: Outbreak response teams continue to use inactivated polio vaccine (IPV) strategically to boost immunity and additional vaccines are being prepositioned as part of ongoing contingency planning to ensure that the programme is able to respond quickly in areas where there has been recent evidence of virus transmission. Activities will be carried out when the security situation allows.

:: 7751 children aged 2–23 months were reported vaccinated with IPV in Damascus (representing 86% of the administrative target), as part of a subnational campaign aiming to reach children with bOPV and IPV. The campaign also reached more than 14 000 children aged

2–23 months from 5 camps for internally displaced people in Hasakah governorate, hosting populations from Deir Ez-Zor.
:: WHO continues to support the strengthening of active AFP surveillance in outbreak areas. In Ein Eisa IDP camp, Raqqa governorate and Al-Arysha IDP camp in Hasakah governorate, orientation sessions on reporting of AFP cases are being conducted for physicians operating out of camps.

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WHO Grade 3 Emergencies [to 2 December 2017]
The Syrian Arab Republic
:: Beyond the bullets and bombs: Saving the lives of chronic disease patients living in conflict settings
WHO has developed a new health kit to support treatment for chronic disease patients in emergency settings. Three years after the kit's conceptualization, the first shipment of 6 kits, enough for 60 000 medical treatments, has been delivered cross-border from Turkey to northern Syria.
23 November 2017, Cairo, Egypt – In countries facing ongoing violence, the most direct victims are the people caught in the crossfire who sustain life-threatening trauma injuries. But in the longer term, conflict affects another group of people: those who are unable to access medicines and regular treatment for noncommunicable diseases such as diabetes, cancer, kidney diseases and other chronic conditions…

:: Polio- Situation update 28 November 2017
[See Polio above for detail]

Yemen
:: WHO delivers medicines as diphtheria spreads in Yemen
News release
27 November 2017 | Sana'a - WHO has delivered medicines to tackle an outbreak of diphtheria in Yemen, warning that sustained humanitarian access is critical to stopping its spread.
The shipment of 1,000 vials of life-saving anti-toxins and 17 tonnes of medical supplies arrived in Sanaa on Monday (November 27) after being stalled by the three-week closure of sea and air ports.
"It is shocking that in 2017, there are children dying of an ancient disease that is vaccine-preventable and can be easily treated," said Dr Nevio Zagaria, WHO Country Representative in Yemen.
The anti-toxins can help stop the spread of the bacterium to vital organs in patients already infected with diphtheria. But no supplies were available in Yemen before the arrival of the WHO shipment on Monday.
Antibiotics and vaccines are also critical to treating and preventing the highly infectious respiratory disease – both of which are in short supply in Yemen…
Despite the conflict and recent closures, WHO, UNICEF, and partners have continued to work with available supplies, vaccinating 8,500 children under five years in al-Sadah and Yarim districts in Ibb governorate during November.

A vaccination campaign targeting 300,000 children younger than 12 months began on Saturday (November 25). Further vaccination rounds for more than 3 million children and young adults in priority districts are due in December.

Iraq

:: Iraq: Lifesaving mobile health teams reach people in newly liberated areas of Hawiija, Iraq

27 November 2017 – For more than three years, the people of Hawiija district in Kirkuk governorate, Iraq, were cut off from lifesaving health care and immunization services, leaving many children susceptible to vaccine-preventable diseases.

Nigeria - *No new announcements identified.*
South Sudan - *No new announcements identified.*

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WHO Grade 2 Emergencies [to 2 December 2017]

Democratic Republic of the Congo

:: Democratic Republic of the Congo - cholera in Lomami district

22 November 2017 Kinshasa -- WHO Country Office in the Democratic Republic of the Congo and health partner ALIMA (Alliance for International Medical Action) signed an financing agreement, US$ 70 000 USD, to support and response to the cholera epidemic in Lomami Province. ALIMA will support the activities of case management for a period of two months. The focus will be on treated water supply, hygiene and increasing community awarenes of the importance of sanitation.

Cameroon - *No new announcements identified*
Central African Republic - *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.*

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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.

Syrian Arab Republic

:: 30 Nov 2017 Syria Arab Republic: Whole of Syria Shelter/NFI Sector Winter Assistance Update 2 (30 November 2017)

:: Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock: Statement to the Security Council on the humanitarian situation in Syria, 29 November 2017

DRC - *No new announcements identified.*

Iraq - *No new announcements identified.*
Yemen - *No new announcements identified.*

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UN OCHA – Corporate Emergencies
When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.
ROHINGYA CRISIS
:: ISCG Situation Update: Rohingya Refugee Crisis, Cox's Bazar - 30 November 2017

Ethiopia
:: 28 Nov 2017 Ethiopia Humanitarian Bulletin Issue 41 | 13 – 26 Nov. 2017
The OCHA-managed Ethiopia Humanitarian Fund (EHF) allocated US$11.35 million under its Reserve Allocation as a bridging response to the critical requirements identified until early 2018.

Somalia
:: Humanitarian Bulletin Somalia, 01 – 29 November 2017
HIGHLIGHTS
…Food security needs nearly double five-year average.
…Late Deyr rainfall falls short, risk of fifth poor rains.
…Number of newly displaced people decline in October.
…Plans underway to kick start measles vaccination campaign.
…Additional funding required to support humanitarian assistance.

Nigeria - *No new announcements identified*

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Editor's Note:
We will cluster these recent emergencies as below and continue to monitor the WHO webpages for updates and key developments.

EBOLA/EVD [to 2 December 2017]
http://www.who.int/ebola/en/
- *No new announcements identified.*

MERS-CoV [to 2 December 2017]
http://www.who.int/emergencies/mers-cov/en/
- *No new announcements identified.*

Yellow Fever [to 2 December 2017]
http://www.who.int/csr/disease/yellowfev/en/
:: 1 December 2017 1.4 million vaccines from global stockpile support yellow fever control in Nigeria
Geneva - The International Coordinating Group (ICG) on vaccine provision for yellow fever

has provided 1.4 million vaccine doses for an immunization campaign that starts on Saturday (2 December) to help control an ongoing yellow fever outbreak in Nigeria.

The Government of Nigeria, supported by World Health Organization and partners, is expected to vaccinate 1.3 million people to contain the outbreak in affected areas. The vaccines, funded by Gavi, the Vaccine Alliance, will be administered in parts of Zamfara state where cases of the deadly disease have been confirmed.

"WHO is working with the Government of Nigeria to address the low immunity among affected populations that is giving rise to cases of yellow fever," said Dr Wondimagegnehu Alemu, WHO Representative in Nigeria.

The release of 1.4 million doses from the global stockpile builds on earlier efforts in October that reached 874 000 people in Kwara and Kogi states…

Zika virus [to 2 December 2017]
http://www.who.int/csr/disease/zika/en/
- *No new announcements identified.*

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WHO & Regional Offices [to 2 December 2017]

World AIDS Day: Everybody counts

1 December 2017 – "Everybody counts" is the slogan for this year's World AIDS Day. WHO is advocating for access to safe, effective, quality and affordable HIV services, medicines, diagnostics other health commodities for all people who need them. Universal health coverage means that all people receive the health services they need without experiencing financial hardship, including access to the full range of HIV services.
WHO Director-General's statement
World AIDS Day campaign

Encounters with plague: tracing and preventing illness

30 November 2017 – In Madagascar, where a severe plague epidemic has unfolded since August 2017, the number of new infections is finally in decline. WHO is supporting health authorities to respond to the outbreak, from setting up specialized plague treatment units in health centres, to distributing medicines across the country.
Disease outbreak news:
Plague – Madagascar 27 November 2017
27 November 2017
Madagascar's plague epidemic is slowing, but we must sustain the response

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WHO Regional Offices
Selected Press Releases, Announcements
WHO African Region AFRO
:: WHO deploys mobile laboratory to support Marburg outbreak response 02 December 2017
:: Village Health Teams Contribute Tremendously to the Marburg Response in Eastern Uganda

02 December 2017
:: Message of the Regional Director for Africa, Dr Matshidiso Moeti, on World AIDS Day 2017
02 December 2017
:: Kenya's chance for Guinea Worm FREE status 01 December 2017
:: Canada and WHO strides to improve maternal and child health in South Sudan 01 December 2017
:: Government of Sweden and four UN agencies announce new Joint Programme to boost efforts to achieve universal access to sexual and reproductive health and to end AIDS
30 November 2017
:: The World Health Organization supports the Ministry of Health to strengthen efforts to eliminate Viral Hepatitis in South Sudan 30 November 2017
:: With support from WHO and partners, the Ministry of Health launches the 'Treat All' and HIV Testing Guidelines to end AIDS 30 November 2017
:: Nigeria requires commitment by the 3-tiers of government to avert deaths among untreated 2 million persons living with HIV/AIDs. 29 November 2017
:: The Kingdom of Swaziland dedicates November to diabetes 29 November 2017
:: WORLD DIABETESE DAY 2017 COMMEMORATED IN THE GAMBIA 29 November 2017
:: Liberia joins the global community to commemorate the World Antibiotic Awareness Week
29 November 2017
:: The Ministry of Health in partnership with WHO and partners strengthens health information system for effective health service delivery in South Sudan 27 November 2017
:: Madagascar's plague epidemic is slowing, but we must sustain the response 27 November 2017

WHO Region of the Americas PAHO
:: Six Caribbean territories and states eliminate mother-to-child transmission of HIV and syphilis (11/30/2017)
:: PAHO, UNAIDS call for stepping up HIV prevention efforts and offering all available options to prevent new infections (11/29/2017)

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

WHO European Region EURO
:: 105 000 doses of vaccine flown into Kyrgyzstan to kick-start influenza immunization campaign 29-11-2017
:: 1 in 2 people living with HIV in Europe is diagnosed late: ECDC and WHO urge improvement in testing practices 28-11-2017

WHO Eastern Mediterranean Region EMRO
:: World AIDS Day 2017: HIV is treatable, test for HIV 30 November 2017
:: WHO delivers medicines as diphtheria spreads in Yemen 27 November 2017

WHO Western Pacific Region
No new digest content identified.

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CDC/ACIP [to 2 December 2017]
http://www.cdc.gov/media/index.html
https://www.cdc.gov/vaccines/acip/index.html
Wednesday, November 29, 2017
Vital Signs Teleconference: HIV Testing Frequency - Transcript

Frequency of HIV Testing and Time from Infection to Diagnosis Improves - Digital Press Kit Tuesday, November 28, 2017

Frequency of HIV Testing and Time from Infection to Diagnosis Improve - Press Release Tuesday, November 28, 2017

MMWR News Synopsis for November 30, 2017

Scale-Up of Voluntary Medical Male Circumcision Services for HIV Prevention – 12 Countries in Southern and Eastern Africa, 2013 – 2016

A substantial increase in voluntary medical male circumcision (VMMC) through CDC-supported programs is helping to prevent the spread of HIV in the world's most heavily affected countries. The latest data show that meeting the global target of 27 million circumcisions by 2021 will require redoubling current efforts and developing new strategies to increase the number of men seeking circumcisions. New data show that a substantial increase in voluntary medical male circumcision (VMMC) through CDC-supported programs is helping to prevent the spread of HIV in the world's most heavily affected countries – and that more needs to be done. The number of circumcisions supported by CDC has increased from over 1 million in nine countries during 2010–2012 to nearly 5 million during 2013–2016 in 12 Southern and Eastern African countries. VMMC reduces a man's risk of heterosexually acquired HIV by 60 percent. As a key agency for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC supports VMMC in 12 Eastern and Southern African countries with high HIV prevalence and low male circumcision rates. While millions of men have successfully accessed this prevention intervention, the number of VMMCs decreased during 2016.

Fractional-Dose Inactivated Poliovirus Vaccine Campaign – Sindh Province, Pakistan, 2016

Countries should weigh the potential benefits of using fractional-dose intradermal inactivated polio vaccine (fIPV) against the operational challenges associated with its use. In response to isolation of type 2 vaccine derived poliovirus (VDPV2) from sewage samples taken from Hyderabad, Pakistan, fIPV was used in a polio vaccination campaign targeting children ages 4-23 months. The vaccine coverage rate during the campaign was relatively high; however, operational challenges related to the use of an intradermally injected vaccine were encountered during the campaign. Countries that decide to use fIPV should undertake meticulous planning and preparation to address operational challenges and to ensure judicious use of fIPV due to the limited global stock of IPV.

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Africa CDC [to 2 December 2017]
https://au.int/en/africacdc

No new digest content identified.

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China CDC [to 2 December 2017]
http://www.chinacdc.cn/en/ne/
No new digest content identified.

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Announcements

AERAS [to 2 December 2017]
http://www.aeras.org/pressreleases
No new digest content identified.

BMGF - Gates Foundation [to 2 December 2017]
http://www.gatesfoundation.org/Media-Center/Press-Releases
No new digest content identified.

CEPI – Coalition for Epidemic Preparedness Innovations [to 2 December 2017]
http://cepi.net/
No new digest content identified.

EDCTP [to 2 December 2017]
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
1 December 2017
Ethiopia and Angola join the EDCTP Association
EDCTP is pleased to welcome Ethiopia and Angola as member countries of the EDCTP Association.

1 December 2017
World AIDS Day 2017: EDCTP invests in clinical research to support health for all
Significant gains have been made in tackling the HIV epidemic: deaths from AIDS-related causes declined by 48% between 2005 and…

European Medicines Agency [to 2 December 2017]
http://www.ema.europa.eu/ema/
01/12/2017

Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 27-30 November 2017

PRAC starts two safety referrals and reaches conclusion on re-examination

Revised strategy to measure the impact of pharmacovigilance is adopted

The PRAC adopted a revision to its strategy to measure the impact of pharmacovigilance activities. The strategy was launched in January 2016, with the aim to improve safety monitoring practices and determine which activities are most successful. The strategy has been revised to reflect, among others, how major regulatory interventions benefit patients' health.

European Vaccine Initiative [to 2 December 2017]
http://www.euvaccine.eu/news-events
No new digest content identified.

FDA [to 2 December 2017]
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm
November 30, 2017 –
Remarks from FDA Commissioner Scott Gottlieb, M.D., as prepared for oral testimony before the House Committee on Energy and Commerce Hearing, "Implementing the 21st Century Cures Act: An Update from FDA and NIH"

Fondation Merieux [to 2 December 2017]
http://www.fondation-merieux.org/
No new digest content identified.

Gavi [to 2 December 2017]
http://www.gavi.org/library/news/press-releases/
30 November 2017
Millions of children set to be protected against typhoid fever
Gavi Board approves US$ 85 million funding window for 2019-2020 to support the introduction of typhoid conjugate vaccine in developing countries.

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Vientiane, 30 November 2017 – Millions of children in the poorest countries could soon be protected against typhoid fever following the Gavi Board's approval today of a support window for typhoid conjugate vaccines (TCVs).

"Typhoid fever imposes a dramatic burden on children in the poorest nations affecting countries, communities and families," said Dr Ngozi Okonjo-Iweala, Gavi Board Chair. "This disease has long been eliminated from most industrialised nations, but it is still a serious threat in developing countries where the vast majority of deaths occur," she said. "I lost my cousin and nearly lost my son because of typhoid. This vaccine will be a lifesaver for millions of children, especially those living without access to clean water or sanitation."…

"This vaccine is safe, effective and can provide lasting protection," said Dr Seth Berkley, CEO of Gavi, the Vaccine Alliance. "The growing spread of drug resistant strains of typhoid is a major

threat, not just to individuals but also to our efforts to control the disease, and requires us to prioritise prevention strategies. Strong coverage through routine immunisation together with efforts to improve access to clean water and hygiene will play a key role in dramatically reducing the disease."

A new typhoid conjugate vaccine manufactured by Bharat Biotech International Limited and first licensed in India in 2013, is currently under review for prequalification by the World Health Organization (WHO).

This follows the recent recommendation by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) that typhoid conjugate vaccines should be introduced in endemic countries to all children over six months of age. Vaccines from five additional manufacturers are also under development and are expected to be available between 2018 and 2022.

Gavi expects the first countries to apply in 2018 with introductions forecasted to begin the year after. The Gavi Board also noted that the use of this new vaccine will enable further studies on the impact of the disease, challenges with diagnosis and appropriate immunisation strategies.

Typhoid conjugate vaccines were first seen as a priority by the Gavi Board in the 2008 Vaccine Investment Strategy (VIS) although no financial commitment was made at that time in the absence of a suitable vaccine.

The Vaccine Investment Strategy is Gavi's evidence-based process for assessing the suitability of new vaccines to further support countries. Developed every five years, the next VIS will be completed at the end of 2018.

Today, the Gavi Board approved the evaluation criteria that will be used for assessing potential new investments in vaccines and other immunisation products for endemic disease prevention.

ENGAGEMENT WITH TRANSITIONING COUNTRIES AND POST-TRANSITION
Between 2016 and 2020, at least 20 Gavi-supported countries are expected to transition out of Gavi's financial support. Most of these countries are on-track to fully finance their immunisation programmes and sustain the progress they have made since 2000, when Gavi was created. However, the Gavi Board recognised that a small number of countries are facing more significant challenges…
[See Milestones above for more detail].

GHIT Fund [to 2 December 2017]
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 •
2017.11.30 *Events*
Upcoming Event: UHC Forum Side Event: STRATEGIC INVESTMENT IN GLOBAL HEALTH VACCINE R&D

2017.11.30 *Events*
Upcoming Event: UHC Forum Side Event: Linking R&D to Access & Delivery: Virtuous Systems Powered by UHC

Global Fund [to 2 December 2017]
http://www.theglobalfund.org/en/news/?topic=&type=NEWS;&country=
News
WHO and Global Fund Sign Cooperation Agreements
01 December 2017
WHO and the Global Fund signed cooperation and financing agreements amounting to an estimated US$50 million today, with the aim of providing vital technical support to countries to fight HIV, TB and malaria, and securing additional progress toward universal health coverage.

News
Spain, Three African Countries and the Global Fund Launch New Debt2Health Initiative
29 November 2017
The government of Spain today announced an agreement to waive debts owed by Cameroon, the Democratic Republic of Congo and Ethiopia in exchange for investments in domestic health programs supported by the Global Fund.

Hilleman Laboratories [to 2 December 2017]
http://www.hillemanlabs.org/
No new digest content identified.

Human Vaccines Project [to 2 December 2017]
http://www.humanvaccinesproject.org/media/press-releases/
December 01, 2017
Human Vaccines Project Presents Initial Findings from First Clinical Trials
Scientists leading the clinical programs for the Human Vaccines Project reported today high-level outcomes from two concurrent clinical studies aimed at deciphering the components and mechanisms used by the human immune system to prevent and control disease at the World Vaccine and Immunotherapy Congress in San Diego, Calif. The findings from the studies may provide important new insights on human immunity that the Human Vaccines Project - a public-private partnership aimed at decoding the immune system to advance human health - will leverage to launch expanded studies in 2018.
The Project's first program, the Human Immunome Program, aims to identify the core components that exist across everyone's immune systems and utilize this information to enable development of new and improved vaccines. The team is sequencing millions of recombined and expressed B and T cell genes in healthy adults and cord blood samples at an unprecedented depth, seeking to identify shared elements of the human immune system not previously recognized. The team is led by James E. Crowe, Jr., MD, Director of Vanderbilt University Medical Center's Vaccine Center, the scientific hub of the Human Immunome Program…

Early findings from a second and complementary clinical research program of the Human Vaccines Project, aimed at revealing the key principles or rules that the human immune system follows when it comes to the prevention and control of disease, will be shared in two separate presentations by Manish Sadarangani, MD, PhD, Director of the Vaccine Evaluation Center of the University of British Columbia and BC Children's Hospital Research Institute and Richard Scheuermann, PhD, Director, J. Craig Venter Institute, La Jolla Campus. The long-term goal of this program is to understand the rules of the human immune system that will enable one-shot vaccines to provide long term protective immunity in all populations. The aim of this study is to understand why some people respond effectively to a single immunization of a licensed Hepatitis B vaccine, while others require up to three immunizations for generating protective immunity…

IAVI [to 2 December 2017]
https://www.iavi.org/
November 30, 2017
Research Roundup: IAVI & Partner Discoveries 2017
The road toward an effective HIV is marked by fresh findings, promising new pathways for development, and the occasional breakthrough. This year offered a mix of all three, and as always with scientific progress – more questions to answer…

IFFIm
http://www.iffim.org/library/news/press-releases/
No new digest content identified.

IVAC [to 2 December 2017]
http://www.jhsph.edu/research/centers-and-institutes/ivac/index.html
IVAC Blog 28 Nov 2017
SAGE Wisdom: What's it like to sit on WHO's expert immunization advisory group?
…From October 17-19, three faculty members from the International Vaccine Access Center (IVAC), of the Johns Hopkins Bloomberg School of Public Health (JHSPH), provided technical expertise and leadership at the annual SAGE meeting, an advisory body formed in 1999 to provide guidance on immunizations to the WHO.
IVAC's delegation included Director of Epidemiology Bill Moss, Director of Science Maria Deloria Knoll, and IVAC Executive Director Kate O'Brien. The meeting, held in the August Room where WHO's 34-member Executive Board meets, was attended by about 200 people and included presentations from nine Working Groups. SAGE Working Groups delve in to key immunization-related questions of interest to policymakers around the world…

IVI [to 2 December 2017]
http://www.ivi.int/
No new digest content identified.

MSF/Médecins Sans Frontières [to 2 December 2017]

http://www.doctorswithoutborders.org/news-stories/press/press-releases
Press release
Syria: Bombing and Shelling in East Ghouta Overwhelm Medical Services
November 27, 2017
Doctors Without Borders/Médecins Sans Frontières (MSF) calls for urgent medical supplies and respect for International Humanitarian Law protecting medical facilities

NIH [to 2 December 2017]
http://www.nih.gov/news-events/news-releases
December 1, 2017
NIH Statement on World AIDS Day 2017
— After 30 years of marking progress against HIV, we are closer than ever to the beginning of the end of the HIV/AIDS pandemic.
[Excerpt]
…The ultimate goal for HIV prevention is development of a safe and effective vaccine. The National Institutes of Health announced yesterday that a new Phase 2b, proof-of-concept trial of an HIV vaccine has been launched in southern Africa. The study, called Imbokodo (HVTN 705), aims to enroll 2,600 HIV-negative women in sub-Saharan Africa. This new trial joins HVTN 702, a Phase 2b/3 vaccine efficacy trial being conducted in South Africa, aiming to build on the modest results of the RV144 vaccine trial in Thailand…

NIH and partners launch HIV vaccine efficacy study
November 30, 2017 — *Public-private partnership begins clinical trial in sub-Saharan Africa.*
The National Institutes of Health and partners have launched a large clinical trial to assess whether an experimental HIV vaccine regimen is safe and able to prevent HIV infection. The new Phase 2b proof-of-concept study, called Imbokodo, aims to enroll 2,600 HIV-negative women in sub-Saharan Africa. Of 1.8 million new HIV infections worldwide in 2016, 43 percent occurred in eastern and southern Africa, with women and girls disproportionately affected. "Imbokodo," the Zulu word for rock, is part of a well-known proverb in South Africa that refers to the strength of women and their importance in the community. The study is sponsored by Janssen Vaccines & Prevention, B.V., part of the Janssen Pharmaceutical Companies of Johnson & Johnson, with co-funding from two primary partners, the Bill & Melinda Gates Foundation (BMGF) and NIH's National Institute of Allergy and Infectious Diseases (NIAID).

The vaccine regimen being tested in Imbokodo is based on "mosaic" immunogens — vaccine components designed to induce immune responses against a wide variety of global HIV strains. This regimen differs from the one being tested in the Phase 2b/3 HVTN 702 study, an ongoing HIV vaccine efficacy trial sponsored by NIAID that launched late last year in South Africa with major co-funding from NIAID and BMGF. HVTN 702 is evaluating a newer version of the vaccine regimen tested in the RV144 Thai trial — the only candidate HIV vaccine regimen ever shown to provide some protection against the virus.

"Together with the implementation of existing HIV prevention and treatment strategies, the development and delivery of a preventive HIV vaccine that is safe and at least moderately effective would help bring about a durable end to the HIV/AIDS pandemic," said NIAID Director Anthony S. Fauci, M.D. "We are committed to pursuing multiple vaccine development strategies to achieve this goal."

The first Imbokodo participants have received vaccinations at clinical research sites in South Africa. Regulatory approvals are being sought to conduct the study at additional sites in Malawi, Mozambique, Zambia and Zimbabwe. With the start of Imbokodo, two HIV vaccine efficacy trials now are taking place in sub-Saharan Africa. Results from HVTN 702, which is enrolling HIV-negative men and women in South Africa, are expected in late 2020. Results from Imbokodo are expected in 2021…

The NIAID-funded HIV Vaccine Trials Network (HVTN), headquartered at Fred Hutchinson Cancer Research Center in Seattle, is implementing Imbokodo. The South African Medical Research Council (SAMRC) is helping implement the study in South Africa. Additional partners providing support include the U.S. Military HIV Research Program at the Walter Reed Army Institute of Research, the U.S. Army Medical Materiel Development Activity, and the Ragon Institute of MGH, MIT and Harvard…

NIH launches HIV prevention trial of long-acting injectable medication in sexually active women

November 30, 2017 — *Study to test efficacy, safety of injectable cabotegravir compared with daily oral PrEP.*

The first large-scale clinical trial of a long-acting injectable medication for HIV prevention in sexually active women has begun. The study in southern and eastern Africa will examine whether a long-acting form of the investigational anti-HIV drug cabotegravir injected once every eight weeks can safely protect women at risk for HIV infection. The only drug regimen currently licensed for HIV pre-exposure prophylaxis, or PrEP, is the anti-HIV medication Truvada taken daily as an oral tablet. The U.S. National Institutes of Health (NIH) is sponsoring the trial, and the NIH-funded HIV Prevention Trials Network (HPTN) is conducting the study, called HPTN 084…

Combination HIV prevention reduces new infections by 42 percent in Ugandan district

November 29, 2017 — *NIH-supported study provides evidence for implementing approach broadly.*

A study published today in the New England Journal of Medicine provides real-world evidence that implementing a combination of proven HIV prevention measures across communities can substantially reduce new HIV infections in a population.

Investigators found that HIV incidence dropped by 42 percent among nearly 18,000 people in Rakai District, Uganda, during a seven-year period in which the rates of HIV treatment and voluntary medical male circumcision increased significantly…

PATH [to 2 December 2017]
http://www.path.org/news/index.php
Press release | November 30, 2017

Novel drug delivery system has game-changing potential to reduce rates of HIV infection

An international collaboration announces preclinical development of a microarray patch delivery system for HIV pre-exposure prophylaxis

Seattle, WA, December 1, 2017—The United States Agency for International Development (USAID), through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), awarded PATH a three-year, $9.4 million grant to advance a needle-free microarray patch for delivery of HIV pre-exposure prophylaxis (PrEP). Microarray patches are a discreet, easy-to-use technology that contains an array of tiny projections that painlessly penetrate the top layer of skin to deliver a drug.

PATH, ViiV Healthcare, Queen's University Belfast, the Population Council, and LTS Lohmann Therapie-Systeme AG will combine their complementary expertise to develop a novel microarray patch for HIV PrEP in preparation for future clinical trials. The collaborators will engage with women and health care workers in Kenya, South Africa, and Uganda to design a microarray patch product that meets their needs…

Announcement | November 28, 2017

PATH statement on the World Health Organization's World Malaria Report, 2017

Regaining progress against malaria requires new tools

A statement from PATH's Vice President for Essential Medicines, Dr. David C. Kaslow, follows:

This week, the World Health Organization (WHO) released the 2017 World Malaria Report on the state of malaria control and elimination across the globe and, worryingly, emphasized that although more countries have accelerated toward malaria elimination, the global progress to prevent malaria disease and death has stalled after a period of unprecedented positive impact. The new data find that malaria killed an estimated 445,000 people in 2016, a number essentially unchanged in the last three years. The report also finds that there were an estimated 216 million cases of malaria globally in 2016, a consistent figure for the past five years.

The brunt, by far, of the burden of disease and deaths is shouldered by sub-Saharan Africa (with the exception of India, which had the third highest number of malaria deaths in 2016). The good news is that malaria control works when there is sufficient funding and political will behind the effort. But current malaria funding levels are insufficient, and while we wait for funding to keep pace with global need, the malaria parasite continues to kill, debilitate and evolve.

Regaining progress made in driving malaria to zero will require more than just maintaining the status quo. Though existing tools may be imperfect, when used at scale they are having an impact. However, in the end, current tools will only take us so far, and new tools are needed, particularly in geographies with the highest malaria burden.

This new report makes clear that to keep up with the parasite, malaria control efforts must make the best use of currently available bednets, diagnostic tests, drugs, and indoor residual spraying. It also makes abundantly clear that investment must be made in research and development of new tools—including drugs, diagnostics and surveillance tools, vaccines, and vector control—that build on the progress already made, and bring new approaches to preventing disease and death and stopping the spread of malaria parasites.

The increasing number of countries that have eliminated malaria, and all of those approaching elimination, provide clear evidence that the parasite can be controlled. At the same time, setbacks in countries with a high disease burden serve as a wake-up call that the global

community needs to fund and scale existing control efforts, and invest in the research and development of new tools.
Posted November 28, 2017.

Sabin Vaccine Institute [to 2 December 2017]
http://www.sabin.org/updates/pressreleases
No new digest content identified.

UNAIDS [to 2 December 2017]
http://www.unaids.org/en
1 December 2017
UNAIDS Congratulates French President Macron for his leadership on AIDS

30 November 2017
Geneva international community unites to end violence against women and girls
To galvanize joint action to end the epidemic of violence against women and girls, the African Women Ambassadors to the United Nations in Geneva and UNAIDS convened a special event on the eve of the International Day for the Elimination of Violence against Women and to kick off 16 Days of Activism.
The event, held on 24 November in UNAIDS' headquarters in Geneva, Switzerland, was attended by more than 35 ambassadors to the United Nations in Geneva…

UNICEF [to 2 December 2017]
https://www.unicef.org/media/
NEW YORK/JOHANNESBURG, 01 December 2017
Global complacency threatens the lives of children and adolescents as world set to miss global AIDS target - UNICEF
NEW YORK/JOHANNESBURG, 01 December 2017 – In 2016, 120,000 children under the age of 14 died of AIDS related causes, and 18 children were infected with HIV every single hour. If current trends persist, there will be 3.5 million new adolescent HIV infections by 2030, according to projections from the 2017 UNICEF Statistical Update on Children and AIDS released today.

Global agreements on migration and refugees should include commitments to protect children, UNICEF urges world leaders
MEXICO CITY/NEW YORK/GENEVA, 30 November 2017 – The rights, protection and wellbeing of uprooted children should be central commitments of global migration policies, UNICEF said today ahead of a meeting in Puerto Vallarta, Mexico, on safe, regular and orderly migration.

Wellcome Trust [to 2 December 2017]
https://wellcome.ac.uk/news
News / Published: 27 November 2017
New Research Enrichment awards available for grantholders

Today, we're pleased to launch new Research Enrichment awards. These extend our dedicated funding for public engagement to encompass open research, and diversity and inclusion.

We're doing this because we believe this new funding will increase the impact of the work we fund and so benefit society.

Research Enrichment funding is available to support activities in:

:: public engagement – this replaces the Provision for Public Engagement scheme
:: open research
:: diversity and inclusion.

The new enrichment awards will allow our grantholders to widen participation in their research by:

:: inspiring, consulting or collaborating with the public
:: developing innovative ways to make research open, accessible and reusable
:: identifying and tackling barriers to diversity and inclusion…

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BIO [to 2 December 2017]
https://www.bio.org/insights/press-release
No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 2 December 2017]
http://www.dcvmn.org/
No new digest content identified.

IFPMA [to 2 December 2017]
http://www.ifpma.org/resources/news-releases/
Published on: 28 November 2017

Press Release: 3rd Biennial Scientific Conference on Medical Products Regulation in Africa

PRESS RELEASE, 27 November 2017, Accra – Ghana

Significant strides have been made over the years to enhance and modernize the regulation of pharmaceutical manufacturing and product quality across the world. However, the drug registration system in Africa remains complex and varied, and separate national review processes currently in place impact patients' access to medicines in Africa. Harmonisation of the processes for medicine registration is long overdue.

Under the African Medicines Regulatory Harmonization (AMRH) initiative, there are some ongoing pilot projects that are aimed at improving national registration processes, and these will go a long way towards meeting the goal of regulatory harmonization and convergence. The proposed African Medicines Agency is at the centre of the 3rd Biennial Scientific Conference on Medical Products Regulation in Africa taking place at Alisa Hotel in Accra from 27-28th November.

Organised by international stakeholders with support from the West African Health Organisation, (WAHO), NEPAD, the Government of Ghana, the Federation of African Pharmaceutical Manufacturers Associations (FAPMA), and the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the meeting brings together the key

stakeholders including regulators, policymakers, academia, the scientific community, private sector and civil society from across Africa.

The theme for the conference is "Sustaining the Momentum for Regulatory Harmonisation in Africa". This theme will enable participants to contribute towards the future of regulation and harmonisation in Africa, which affects both industrial and regulatory aspects, as well as the aspirations of civil society and its wish to benefit from best practice, and best medicine…

PhRMA [to 2 December 2017]
http://www.phrma.org/press-room
December 1, 2017
World AIDS Day 2017: Scientific breakthroughs paving the way for an AIDS-free generation

On World AIDS Day, the hope for an AIDS-free generation is within reach.

November 29, 2017
EFPIA-PhRMA Principles successfully enable responsible clinical trial data sharing
In a new survey with EFPIA and PhRMA, considerable data sharing is taking place. Stakeholders are gathering in London this week for a workshop entitled Data Anonymization – a Key Enabler for Clinical Data Sharing. The workshop, jointly organized by the European Medicines Agency (EMA) and the Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard, is but one example of efforts by a broad range of stakeholders to enhance clinical trial data sharing. The workshop will seek to propose guiding principles to enable international data sharing – an area in which PhRMA and its member companies are leading the way.

Making research data available to qualified researchers has the great potential to advance medical research to benefit patients by accelerating the development of new medicines and improving patient care. The biopharmaceutical industry has been at the forefront of initiatives to improve access to clinical trial data and has led the way in sharing patient-level data. Industry details its commitments to sharing clinical trial data in the joint EFPIA-PhRMA Principles for Responsible Clinical Trial Data Sharing (or Principles) which were adopted by the boards of both associations in July 2013. The Principles support enhanced data sharing while safeguarding patient privacy, respecting the integrity of national regulatory systems, and maintaining incentives for investment in biomedical research.

Today, EFPIA and PhRMA released the Report on the 2016 Member Company Survey which details the results of a joint survey conducted between July and September 2016, to assess the degree to which member companies had made progress in implementing the commitments under the Principles. The survey results show that 98 percent of EFPIA and PhRMA member companies share clinical trial data beyond any legal or regulatory requirements. In addition, EFPIA and PhRMA member companies collectively documented more than 1,000 requests for access to clinical trial data between January 1, 2014 (the date that the companies began to implement the Principles), and the close of the survey. Of the 935 requests on which a decision had been made, the vast majority, 80 percent, were approved, showing that considerable data sharing is now taking place…

Industry Watch [to 2 December 2017]
:: **Takeda Initiates Phase 1 Clinical Trial of Zika Vaccine Candidate**
November 28, 2017
:: Takeda's investigational Zika virus vaccine candidate (TAK-426) progresses into Phase 1 clinical trial
:: The clinical trial (ZIK-101) will evaluate safety and immunogenicity of TAK-426 in 240 subjects between the ages of 18 and 49 across the continental U.S. and U.S. territories
:: Takeda's Zika program is funded with Federal funds from the Department of Health and Human Services; Office of the Assistant Secretary for Preparedness and Response; Biomedical Advanced Research and Development Authority (BARDA), under Contract No. HHSO100201600015C

:: **Sanofi updates information on dengue vaccine**
New analysis of long-term Dengvaxia® data found differences in vaccine performance based on prior dengue infection
Company will ask regulators to update product label to reflect new information
[See Milestones/Perspectives above for detail]

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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

World Malaria Report 2017
WHO
29 November 2017 :: 196 pages
Overview
The World Malaria Report 2017 draws on data from 91 countries and areas with ongoing malaria transmission. The information is supplemented by data from national household surveys and databases held by other organizations.
This year's report shows that after an unprecedented period of success in global malaria control, progress has stalled. In 2016, there were an estimated 216 million cases of malaria, an increase of about 5 million cases over 2015. Deaths reached 445 000, a similar number to the previous year.
PDF: http://www.who.int/entity/malaria/publications/world-malaria-report-2017/report/en/index.html

Press Release
Global response to malaria at crossroads 29 November 2017
WHO report shows gains are levelling
News release

29 November 2017 | Geneva - After unprecedented global success in malaria control, progress has stalled, according to the World malaria report 2017. There were an estimated 5 million more malaria cases in 2016 than in 2015. Malaria deaths stood at around 445 000, a similar number to the previous year.

"In recent years, we have made major gains in the fight against malaria," said Dr Tedros Adhanom Ghebreyesus, Director-General of WHO. "We are now at a turning point. Without urgent action, we risk going backwards, and missing the global malaria targets for 2020 and beyond."

The WHO Global Technical Strategy for Malaria calls for reductions of at least 40% in malaria case incidence and mortality rates by the year 2020. According to WHO's latest malaria report, the world is not on track to reach these critical milestones.

A major problem is insufficient funding at both domestic and international levels, resulting in major gaps in coverage of insecticide-treated nets, medicines, and other life-saving tools. Funding shortage

An estimated US$ 2.7 billion was invested in malaria control and elimination efforts globally in 2016. That is well below the US $6.5 billion annual investment required by 2020 to meet the 2030 targets of the WHO global malaria strategy…

The global figures
The report shows that, in 2016, there were an estimated 216 million cases of malaria in 91 countries, up from 211 million cases in 2015. The estimated global tally of malaria deaths reached 445,000 in 2016 compared to 446,000 the previous year.

While the rate of new cases of malaria had fallen overall, since 2014 the trend has levelled off and even reversed in some regions. Malaria mortality rates followed a similar pattern.

The African Region continues to bear an estimated 90% of all malaria cases and deaths worldwide. Fifteen countries – all but one in sub-Saharan Africa – carry 80% of the global malaria burden…

Tackling malaria in complex settings
The report also outlines additional challenges in the global malaria response, including the risks posed by conflict and crises in malaria endemic zones. WHO is currently supporting malaria responses in Nigeria, South Sudan, Venezuela (Bolivarian Republic of) and Yemen, where ongoing humanitarian crises pose serious health risks. In Nigeria's Borno State, for example, WHO supported the launch of a mass antimalarial drug administration campaign this year that reached an estimated 1.2 million children aged under 5 years in targeted areas. Early results point to a reduction in malaria cases and deaths in this state.

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WHO Global Surveillance and Monitoring System for substandard and falsified medical products

WHO
November 2017 :: 73 pages:
PDF: http://www.who.int/entity/medicines/regulation/ssffc/publications/GSMS_Report.pdf?ua=1

This report has grown out of the work of the GSMS, which provides national regulatory authorities with an interconnected network. This allows them, for the first time, to cross-reference reports of suspect products with those reported from other regions by searching the WHO database and accessing photograph libraries of confirmed substandard and falsified products.

Excerpts]

p.11 …Equally the manufacture of falsified products is also a global and complex activity. Manufacturing sites linked to the clandestine production of falsified medicines and vaccines have been discovered on all continents. Sometimes production is carried out on an industrial scale at one location or it may be on a smaller and less sophisticated scale…

p.13

TABLE 1: EXAMPLES OF SUBSTANDARD AND FALSIFIED PRODUCTS REPORTED TO THE GSMS (2013–2017)

[Excerpt from Table]

Type of Product: Vaccines
Number of Member State Reporting: 11
Total No. of Product Reports: 29

Also: vaccine case examples involving from Niger [MenC], and Indonesia [YF]

A study on the public health and socioeconomic impact of substandard and falsified medical products

WHO
November 2017 :: 77 pages:
PDF: http://www.who.int/entity/medicines/regulation/ssffc/publications/Layout-SEstudy-WEB.pdf?ua=1

The presence of substandard and falsified medical products in countries and their use by patients threatens to undermine progress towards meeting the Sustainable Development Goals. Such products may be of poor quality, unsafe or ineffective, threatening the health of those that take them. The problem of substandard and falsified medical products continues to increase, as globalized manufacturing and distribution systems grow ever more complex. That complexity heightens the risk that production errors will occur, or that medicines will degrade between factory and consumer. Increasing demand for medicines, vaccines and other medical products in almost every country, in addition to poor supply-chain management and the growth of e-commerce also creates opportunities for falsified medicines to be introduced into the supply chain.

Press Release

1 in 10 medical products in developing countries is substandard or falsified

28 November 2017

An estimated 1 in 10 medical products circulating in low- and middle-income countries is either substandard or falsified, according to new research from WHO.

This means that people are taking medicines that fail to treat or prevent disease. Not only is this a waste of money for individuals and health systems that purchase these products, but substandard or falsified medical products can cause serious illness or even death.

"Substandard and falsified medicines particularly affect the most vulnerable communities," says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "Imagine a mother who gives up food or other basic needs to pay for her child's treatment, unaware that the medicines are substandard or falsified, and then that treatment causes her child to die. This is unacceptable. Countries have agreed on measures at the global level – it is time to translate them into tangible action."

Since 2013, WHO has received 1500 reports of cases of substandard or falsified products. Of these, antimalarials and antibiotics are the most commonly reported. Most of the reports (42%) come from the WHO African Region, 21% from the WHO Region of the Americas, and 21% from the WHO European Region.

This is likely just a small fraction of the total problem and many cases may be going unreported. For example, only 8% of reports of substandard or falsified products to WHO came from the WHO Western Pacific Region, 6% from the WHO Eastern Mediterranean Region, and just 2% from the WHO South-East Asia Region…

WHO is publishing two reports today:

:: WHO launched its Global Surveillance and Monitoring System for substandard and falsified medicines, vaccines and in-vitro diagnostic tests in July 2013. This first report is based on data collected during the first 4 years of operation up to 30 June 2017.

:: A study on the public health and socioeconomic impact of substandard or falsified medical products conducted by WHO and the Member State Mechanism.

This study is based on 100 literature reviews and two peer-reviewed models developed by the University of Edinburgh and The London School of Hygiene and Tropical Medicine. The 100 papers reviewed provide data for more than 48 000 samples of medicines from 88 countries. Because only 178 samples were taken in high-income countries, prevalence estimates of substandard or falsified medical products were limited to low- and middle-income countries. Despite these limitations, these two reports represent the most comprehensive compilation to date of data related to substandard and falsified medical products and are a first step towards better understanding their public health and socioeconomic impact.

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Journal Watch

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

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

American Journal of Infection Control
December 01, 2017 Volume 45, Issue 12, p1297-1416, e149-e164
http://www.ajicjournal.org/current
[New issue; No digest content identified]

American Journal of Preventive Medicine
December 2017 Volume 53, Issue 6, p745-934
http://www.ajpmonline.org/current
Research Articles
Pneumococcal Vaccination Among Adults With Work-related Asthma
Katelynn E. Dodd, Jacek M. Mazurek
p799–809
Published online: September 27, 2017

Cost Effectiveness of a Shingles Vaccine Booster for Currently Vaccinated Adults in the U.S.
Phuc Le, Michael B. Rothberg
p829–836
Published in issue: December 2017

Text4baby Influenza Messaging and Influenza Vaccination Among Pregnant Women
Jessica A. Bushar, Juliette S. Kendrick, Helen Ding, Carla L. Black, Stacie M. Greby
p845–853
Published online: August 28, 2017

Enforcement Associated With Higher School-Reported Immunization Rates
Kylie J. Hall, Molly A. Howell, Rick J. Jansen, Paul J. Carson
p892–897
Published in issue: December 2017

American Journal of Public Health
December 2017 107(12)
http://ajph.aphapublications.org/toc/ajph/current
PREEXPOSURE PROPHYLAXIS
Integrating HIV Preexposure Prophylaxis (PrEP) Into Routine Preventive Health Care to Avoid Exacerbating Disparities
Sarah K. Calabrese, Douglas S. Krakower and Kenneth H. Mayer
107(12), pp. 1883–1889

VACCINES
Vaccines and the Trump Administration—Reasons for Optimism Amid Uncertainty
Jason L. Schwartz
107(12), pp. 1892–1893

American Journal of Tropical Medicine and Hygiene

Volume 97, Issue 6, 2017
http://www.ajtmh.org/content/journals/14761645/97/6
[New issue; No digest content identified]

Annals of Internal Medicine
21 November 2017 Vol: 167, Issue 10
http://annals.org/aim/issue
[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation
http://resource-allocation.biomedcentral.com/
(Accessed 2 December 2017)
[No new digest content identified]

BMJ Global Health
October 2017; volume 2, issue 4
http://gh.bmj.com/content/2/4?current-issue=y
[Reviewed earlier]

BMC Health Services Research
http://www.biomedcentral.com/bmchealthservres/content
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[No new digest content identified]

BMC Infectious Diseases
http://www.biomedcentral.com/bmcinfectdis/content
(Accessed 2 December 2017)
Research article
Vaccine-derived poliovirus surveillance in China during 2001–2013: the potential challenge for maintaining polio free status
The goal of polio eradication is to complete elimination and containment of all wild, vaccine-related and Sabin polioviruses. Vaccine-derived poliovirus (VDPV) surveillance in China from 2001–2013 is summarize...
Authors: Hai-Bo Wang, Hui-Ming Luo, Li Li, Chun-Xiang Fan, Li-Xin Hao, Chao Ma, Qi-Ru Su, Hong Yang, Kathleen H. Reilly, Hua-Qing Wang and Ning Wen
Citation: BMC Infectious Diseases 2017 17:742
Published on: 2 December 2017

BMC Medical Ethics
http://www.biomedcentral.com/bmcmedethics/content
(Accessed 2 December 2017)
[No new digest content identified]

BMC Medicine
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(Accessed 2 December 2017)
[No new digest content identified]

BMC Pregnancy and Childbirth
http://www.biomedcentral.com/bmcpregnancychildbirth/content
(Accessed 2 December 2017)
[No new digest content identified]

BMC Public Health
http://bmcpublichealth.biomedcentral.com/articles
(Accessed 2 December 2017)
[No new digest content identified]

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http://www.biomedcentral.com/bmcresnotes/content
(Accessed 2 December 2017)
[No new digest content identified]

BMJ Open
November 2017 - Volume 7 - 11
http://bmjopen.bmj.com/content/current
[Reviewed earlier]

Bulletin of the World Health Organization
Volume 95, Number 12, December 2017, 793-852
http://www.who.int/bulletin/volumes/95/12/en/
EDITORIALS
Options for financing pandemic preparedness
Patrick L Osewe
…In February 2018, the World Bank in partnership with WHO, the Africa Centres for Disease Control and Prevention and the Bill & Melinda Gates Foundation will host a regional event to define the core elements of a multisectoral pandemic preparedness plan, including planning and coordination mechanisms. In addition, during the Prince Mahidol Award Conference9 to be held in January 2018 in Bangkok, the World Bank will host a series of meetings to share lessons learnt from country implementation, as well as models for financing pandemic preparedness.

To ensure the success of pandemic financing preparedness, countries should engage in dialogue on the importance of investing in such preparedness. The World Bank's early successes need to continue through partnerships to renew and sustain national, regional and global commitment and investments for pandemic preparedness and response.

A public health research agenda informed by guidelines in development

Dermot Maher & Nathan Ford

The World Health Organization (WHO) is the leading and coordinating authority on public health within the United Nations system. Setting norms and standards, and shaping the research agenda are two of WHO's six core activities.[1] WHO can use this normative role to support the development of an agenda for public health research.

WHO develops global, clinical, programmatic and public health guidelines that support best practice in health delivery. In 2007, WHO established the Guidelines Review Committee to ensure that WHO produces high-quality guidelines that are based on internationally recognized methods and standards and are developed through a transparent, evidence-based decision-making process.[2] Each guideline development process starts with the establishment of a guideline development group that includes leading experts in the field and relevant stakeholders from across all WHO Regions affected by the public health problem. The group may involve patients and those who most likely will implement the guidelines' recommendations. The guideline development groups use systematic reviews of relevant evidence to make recommendations, and the Grading of Evidence, Assessment and Evaluation (GRADE) system to determine and qualify these recommendations.[3] GRADE includes an appraisal of the quality of evidence and an assessment of potential benefits and harms, resource use, user values and preferences regarding the recommended intervention. The group considers these elements together to determine the direction and strength of a recommendation. When significant uncertainty exists with respect to the balance of an intervention's benefits and harms, the guideline development group should describe the knowledge gap and set priorities for what further research is needed to address these gaps.[4]

Here we suggest that the WHO guideline development process be used as a foundation for building an agenda on public health research. We argue that this process provides a unique and efficient opportunity to compile an agenda from the research needs identified by each of the guideline development groups. Several aspects of the process support this suggestion. First, guideline development relies on comprehensive assessments of the evidence from high-quality systematic reviews, complemented with other sources of information. Second, identifying research gaps and needs is a core objective of any systematic review[5] and a function of WHO guidelines.[6] Third, leading experts review evidence from key systematic reviews to formulate recommendations. Fourth, the variety of stakeholders in the guidelines development group provides a much broader perspective for formulating research priorities than relying on academic researchers alone…

PERSPECTIVES

Improving the health and well-being of children of migrant workers

Catherine Jan, Xiaolin Zhou & Randall S Stafford

[Excerpts]

The United Nations Convention on the Rights of the Child emphasizes that the states parties to the convention have the responsibility to ensure that children grow up in a family environment with happiness, love and understanding.[1] There are almost 1 billion migrants worldwide, with 214 million international migrants and another 740 million internal migrants moving within countries.[2] Migrants with children may leave their children behind while pursuing

economic opportunities. Although there are no available data on the total number of children left behind globally, several reports on international migrants reflect the magnitude of this phenomenon. The Regional Thematic Working Group on International Migration including Human Trafficking estimates that in east and south-east Asia, one child is left behind for each adult working abroad.3 Similarly, in the Republic of Moldova, the proportion of children younger than 14 years who are left behind is estimated to have increased from 16% to 31% between 2000 and 2004; in Mexico, more than a third of children experience household disruption due to migration.4 The number of children left behind because their parents become internal migrants is even greater, particularly in those areas experiencing rapid urbanization.5

…To mitigate the adverse effects of migration on migrant families and pursue the agenda's ambitious goals, many governments and child protection systems are increasingly adopting a holistic approach that focuses on poverty reduction, family-oriented education programmes, community support, early identification of risks and provision of specialist services for vulnerable children and their families. Strategies that may improve health outcomes include providing antenatal care, parental leave, child allowance for all families, nursery school for all children aged one to six years (as in some European countries), free medical care for all preschool children (as in Japan) and incentives for health-care professionals to practice in rural regions (as in Australia and New Zealand).9

Child Care, Health and Development
November 2017 Volume 43, Issue 6 Pages 783–946
http://onlinelibrary.wiley.com/doi/10.1111/cch.v43.6/issuetoc
[Reviewed earlier]

Clinical and Experimental Vaccine Research
Volume 6(2); July 2017
http://ecevr.org/
[Reviewed earlier]

Clinical Therapeutics
November 2017 Volume 39, Issue 11, p2117-2330
http://www.clinicaltherapeutics.com/current
[Reviewed earlier]

Complexity
November/December 2016 Volume 21, Issue S2 Pages 1–642
http://onlinelibrary.wiley.com/doi/10.1002/cplx.v21.S2/issuetoc
[Reviewed earlier]

Conflict and Health
http://www.conflictandhealth.com/
[Accessed 2 December 2017]
Research

1 December 2017
Including refugees in disease elimination: challenges observed from a sleeping sickness programme in Uganda
Authors: Jennifer J. Palmer, Okello Robert and Freddie Kansiime

29 November 2017
Public health implications of complex emergencies and natural disasters
Authors: Amanda Culver, Roger Rochat and Susan T. Cookson
Abstract
Background
During the last decade, conflict or natural disasters have displaced unprecedented numbers of persons. This leads to conditions prone to outbreaks that imperil the health of displaced persons and threaten global health security. Past literature has minimally examined the association of communicable disease outbreaks with complex emergencies (CEs) and natural disasters (NDs).
Methods
To examine this association, we identified CEs and NDs using publicly available datasets from the Center for Research on the Epidemiology of Disasters and United Nations Flash and Consolidated Appeals archive for 2005–2014. We identified outbreaks from World Health Organization archives. We compared findings to identify overlap of outbreaks, including their types (whether or not of a vaccine-preventable disease), and emergency event types (CE, ND, or Both) by country and year using descriptive statistics and measure of association.
Results
There were 167 CEs, 912 NDs, 118 events linked to 'Both' types of emergencies, and 384 outbreaks. Of CEs, 43% were associated with an outbreak; 24% NDs were associated with an outbreak; and 36% of 'Both' types of emergencies were associated with an outbreak. Africa was disproportionately affected, where 67% of total CEs, 67% of 'Both' events (CE and ND), and 46% of all outbreaks occurred for the study period. The odds ratio of a vaccine-preventable outbreak occurring in a CE versus an ND was 4.14 (95% confidence limits 1.9, 9.4).
Conclusions
CEs had greater odds of being associated with outbreaks compared with NDs. Moreover, CEs had high odds of a vaccine-preventable disease causing that outbreak. Focusing on better vaccine coverage could reduce CE-associated morbidity and mortality by preventing outbreaks from spreading.

Contemporary Clinical Trials
Volume 60, Pages 1-126 (September 2017)
http://www.sciencedirect.com/science/journal/15517144/60?sdc=1
[Reviewed earlier]

Current Opinion in Infectious Diseases
December 2017 - Volume 30 - Issue 6
http://journals.lww.com/co-infectiousdiseases/pages/currenttoc.aspx
[Reviewed earlier]

Developing World Bioethics

December 2017 Volume 17, Issue 3 Pages 141–216
http://onlinelibrary.wiley.com/doi/10.1111/dewb.2017.17.issue-3/issuetoc
[Reviewed earlier]

Development in Practice
Volume 27, Issue 8, 2017
http://www.tandfonline.com/toc/cdip20/current
[Reviewed earlier]

Disaster Medicine and Public Health Preparedness
Volume 11 - Issue 5 - October 2017
https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/latest-issue
[Reviewed earlier]

Disasters
October 2017 Volume 41, Issue 4 Pages 629–851
http://onlinelibrary.wiley.com/doi/10.1111/disa.2017.41.issue-4/issuetoc
[Reviewed earlier]

EMBO Reports
01 December 2017; volume 18, issue 12
http://embor.embopress.org/content/18/12?current-issue=y
[New issue; No digest content identified]

Emerging Infectious Diseases
Volume 23, Number 12—December 2017
http://wwwnc.cdc.gov/eid/
[New issue; No digest content identified]

Epidemics
Volume 20, Pages 1-102 (September 2017)
http://www.sciencedirect.com/science/journal/17554365
[Reviewed earlier]

Epidemiology and Infection
Volume 145 - Issue 15 - November 2017
https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue
[Reviewed earlier]

The European Journal of Public Health
Volume 27, Issue 5, October 2017
https://academic.oup.com/eurpub/issue/27/5
[Reviewed earlier]

Global Health Action
Volume 10, 2017 – Issue 1 [In Progress]
http://www.tandfonline.com/toc/zgha20/10/1?nav=tocList
[Reviewed earlier]

Global Health: Science and Practice (GHSP)
September 2017 | Volume 5 | Number 3
http://www.ghspjournal.org/content/current
[Reviewed earlier]

Global Public Health
Volume 13, 2017 Issue 1
http://www.tandfonline.com/toc/rgph20/current
[Reviewed earlier]

Globalization and Health
http://www.globalizationandhealth.com/
[Accessed 2 December 2017]
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Health Affairs
November 2017; Vol. 36, No. 11
http://content.healthaffairs.org/content/current
Issue Focus: Global Health Policy
[Reviewed earlier]

Health and Human Rights
Volume 19, Issue 1, June 2017
http://www.hhrjournal.org/
[Reviewed earlier]

Health Economics, Policy and Law
Volume 12 - Issue 4 - October 2017
https://www.cambridge.org/core/journals/health-economics-policy-and-law/latest-issue
SPECIAL ISSUE: Healthcare and Health Innovation in Europe: Regulating for public benefit or for commercial profit?

[Reviewed earlier]

Health Policy and Planning
Volume 32, Issue 10, 1 December 2017
http://heapol.oxfordjournals.org/content/current
Editorial
The need for speed: the peer-review process and what are we doing about it?
Diana Epstein; Virginia Wiseman; Natasha Salaria; Sandra Mounier-Jack
Health Policy and Planning, Volume 32, Issue 10, 1 December 2017, Pages 1345–1346, https://doi.org/10.1093/heapol/czx129
Extract
The editorial office receives multiple author requests in regards to the status of their papers. In fact Mondays and Fridays seem to be the busiest time for working on those requests with an average of 20 requests on those particular days.

The intention of this Editorial is to summarize the key steps for processing papers once submitted, explain the different factors affecting turn-around times, and update authors and readers on initiatives Health Policy and Planning is undertaking to speed up the processing of papers.

Upon submission approximately 60% of papers are rejected after internal peer-review with an additional 15–20% being rejected after external peer-review…

Editor's Choice
HIV/AIDS National Strategic Plans of Sub-Saharan African countries: an analysis for gender equality and sex-disaggregated HIV targets
Jennifer Sherwood; Alana Sharp; Bergen Cooper; Beirne Roose-Snyder; Susan Blumenthal
Health Policy and Planning, Volume 32, Issue 10, 1 December 2017, Pages 1361–1367, https://doi.org/10.1093/heapol/czx101
Abstract
National Strategic Plans (NSPs) for HIV/AIDS are country planning documents that set priorities for programmes and services, including a set of targets to quantify progress toward national and international goals. The inclusion of sex-disaggregated targets and targets to combat gender inequality is important given the high disease burden among young women and adolescent girls in Sub-Saharan Africa, yet no comprehensive gender-focused analysis of NSP targets has been performed. This analysis quantitatively evaluates national HIV targets, included in NSPs from eighteen Sub-Saharan African countries, for sex-disaggregation. Additionally, NSP targets aimed at reducing gender-based inequality in health outcomes are compiled and inductively coded to report common themes. On average, in the eighteen countries included in this analysis, 31% of NSP targets include sex-disaggregation (range 0–92%). Three countries disaggregated a majority (>50%) of their targets by sex. Sex-disaggregation in data reporting was more common for targets related to the early phases of the HIV care continuum: 83% of countries included any sex-disaggregated targets for HIV prevention, 56% for testing and linkage to care, 22% for improving antiretroviral treatment coverage, and 11% for retention in treatment. The most common target to reduce gender inequality was to prevent gender-based violence (present in 50% of countries). Other commonly incorporated target areas related to improving women's access to family planning, human and legal rights, and decision-making power. The inclusion of sex-disaggregated targets in national planning is vital to ensure that programmes make progress for all population groups.

Improving the availability and quality of indicators to measure gender inequality, as well as evaluating programme outcomes by sex, is critical to tracking this progress. This analysis reveals an urgent need to set specific and separate targets for men and women in order to achieve an equitable and effective HIV response and align government planning with international priorities for gender equality.

Health Research Policy and Systems
http://www.health-policy-systems.com/content
[Accessed 2 December 2017]
[No new digest content identified]

Humanitarian Exchange Magazine
http://odihpn.org/magazine/the-humanitarian-consequences-of-violence-in-central-america/
Number 70 October 2017
Special Feature: The Lake Chad Basin: an overlooked crisis?
by Humanitarian Practice Network October 2017
The 70th edition of Humanitarian Exchange, co-edited with Joe Read, focuses on the humanitarian crisis in Nigeria and the Lake Chad Basin. The violence perpetrated by Boko Haram and the counter-insurgency campaign in Nigeria, Cameroon, Chad and Niger has created a humanitarian crisis affecting some 17 million people. Some 2.4 million have been displaced, the vast majority of them in north-eastern Nigeria. Many are living in desperate conditions, without access to sufficient food or clean water. The Nigerian government's focus on defeating Boko Haram militarily, its reluctance to acknowledge the scale and gravity of the humanitarian crisis and the corresponding reticence of humanitarian leaders to challenge that position have combined to undermine the timeliness and effectiveness of the response…
[Reviewed earlier]

Human Vaccines & Immunotherapeutics (formerly Human Vaccines)
Volume 13, Issue 11 2017
http://www.tandfonline.com/toc/khvi20/current
Article
Effect of combination vaccines on completion and compliance of childhood vaccinations in the United States
Samantha K. Kurosky, Keith L. Davis & Girishanthy Krishnarajah
Pages: 2494-2502
Published online: 07 Sep 2017

Review
Interventions to increase pediatric vaccine uptake: An overview of recent findings
Paula M. Frew & Chelsea S. Lutz
Pages: 2503-2511
Published online: 26 Sep 2017

Article

Effectiveness of a smartphone app to increase parents' knowledge and empowerment in the MMR vaccination decision: A randomized controlled trial
Marta Fadda, Elisa Galimberti, Maddalena Fiordelli, Luisa Romanò, Alessandro Zanetti & Peter J. Schulz
Pages: 2512-2521
Published online: 10 Nov 2017

Brief Report
The 2016 Lifetime Immunization Schedule, approved by the Italian scientific societies: A new paradigm to promote vaccination at all ages
Paolo Bonanni, Giampietro Chiamenti, Giorgio Conforti, Tommasa Maio, Anna Odone, Rocco Russo, Silvestro Scotti, Carlo Signorelli, Alberto Villani & The Scientific Board of "Lifetime Immunization Schedule"
Pages: 2531-2537
Published online: 19 Oct 2017

Article
Improved parental attitudes and beliefs through stepwise perinatal vaccination education
Aya Saitoh, Akihiko Saitoh, Isamu Sato, Tomohiro Shinozaki, Hajime Kamiya & Satoko Nagata
Pages: 2639-2645
Published online: 30 Aug 2017

Article
Immunization attitudes and practices among family medicine providers
Cynthia A. Bonville, Joseph B. Domachowske, Donald A. Cibula & Manika Suryadevara
Pages: 2646-2653
Published online: 13 Oct 2017

Article
Vaccination among Polish university students. Knowledge, beliefs and anti-vaccination attitudes
Michał Konrad Zarobkiewicz, Aleksandra Zimecka, Tomasz Zuzak, Dominika Cieślak, Jacek Roliński & Ewelina Grywalska
Pages: 2654-2658
Published online: 21 Sep 2017

Article
Approaching a decade since HPV vaccine licensure: Racial and gender disparities in knowledge and awareness of HPV and HPV vaccine
Eric Adjei Boakye, Betelihem B. Tobo, Rebecca P. Rojek, Kahee A. Mohammed, Christian J. Geneus & Nosayaba Osazuwa-Peters
Pages: 2713-2722
Published online: 30 Aug 2017

Article commentary
Human papilloma virus vaccine for low and middle income countries: A step too soon?

Har Ashish Jindal, Amanjot Kaur & Sathiabalan Murugan
Pages: 2723-2725
Published online: 28 Aug 2017

Infectious Agents and Cancer
http://www.infectagentscancer.com/content
[Accessed 2 December 2017]
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Infectious Diseases of Poverty
http://www.idpjournal.com/content
[Accessed 2 December 2017]
Opinion
Potential for broad-scale transmission of Ebola virus disease during the West Africa crisis: lessons for the Global Health security agenda
The 2014–2016 Ebola crisis in West Africa had approximately eight times as many reported deaths as the sum of all previous Ebola outbreaks. The outbreak magnitude and occurrence of multiple Ebola cases in at least seven countries beyond Liberia, Sierra Leone, and Guinea, hinted at the possibility of broad-scale transmission of Ebola.
Eduardo A. Undurraga, Cristina Carias, Martin I. Meltzer and Emily B. Kahn
Published on: 1 December 2017

International Health
Volume 9, Issue 5, 1 September 2017
http://inthealth.oxfordjournals.org/content/current
[Reviewed earlier]

International Journal of Community Medicine and Public Health
Vol 4, No 12 (2017) December 2017
http://www.ijcmph.com/index.php/ijcmph/issue/view/33
Review Articles
An ageing world of the 21st century: a literature review
Sarah Naja, Mohamed Mohei El Din Makhlouf, Mohamad Abdul Halim Chehab
DOI: 10.18203/2394-6040.ijcmph20175306
Abstract
Aging is the process of growing older at cellular, organ, or whole body level throughout the life span. Furthermore, the term "demographic transition" refers to a shift in fertility and mortality rates leading to changes in population growth rates, and age distribution. Thus, as people globally live longer, increasing levels of chronic illness as well as diminished wellbeing are nominated to become major global health challenges. Subsequently, the global population of elderly is projected to further increase and reach 1.4 billion by 2030 and 2.1 billion by 2050. Moreover, ageing has important implications on social security, the economy, the organization and delivery of health care, caregiver availability and constraints, society, and policies. Thus, it

is pertinent to establish comprehensive elderly-friendly health care with further focus on preventive action to maintain a healthy ageing process.

International Journal of Epidemiology
Volume 46, Issue 5, 1 October 2017
https://academic.oup.com/ije/issue/46/5
[Reviewed earlier]

International Journal of Human Rights in Healthcare
Vol. 10 Issue: 4 2017
http://www.emeraldinsight.com/toc/ijhrh/10/4
[Reviewed earlier]

International Journal of Infectious Diseases
December 2017 Volume 65, In Progress
http://www.ijidonline.com/issue/S1201-9712(17)X0012-X
Original Reports
Patterns of influenza vaccination coverage in the United States from 2009 to 2015
Alice P.Y. Chiu, Jonathan Dushoff, Duo Yu, Daihai He
p122–127
Published online: October 14, 2017

JAMA
November 28, 2017, Vol 318, No. 20, Pages 1955-2054
http://jama.jamanetwork.com/issue.aspx
Viewpoint
The Revised Declaration of GenevaA Modern-Day Physician's Pledge
Ramin Walter Parsa-Parsi, MD, MPH
free access
JAMA. 2017;318(20):1971-1972. doi:10.1001/jama.2017.16230
This Viewpoint describes the 2017 revision of the World Medical Association's Declaration of Geneva, which asks physicians to pledge themselves to the highest standards of ethics and practice in the interests of their patients and the medical profession.

JAMA Pediatrics
November 2017, Vol 171, No. 11, Pages 1025-1132
http://archpedi.jamanetwork.com/issue.aspx
[Reviewed earlier]

JBI Database of Systematic Review and Implementation Reports
November 2017 - Volume 15 - Issue 11
http://journals.lww.com/jbisrir/Pages/currenttoc.aspx

[Reviewed earlier]

Journal of Community Health
Volume 42, Issue 6, December 2017
https://link.springer.com/journal/10900/42/6/page/1
[Reviewed earlier]

Journal of Epidemiology & Community Health
December 2017 - Volume 71 - 12
http://jech.bmj.com/content/current
[New issue; No digest content identified]

Journal of Evidence-Based Medicine
November 2017 Volume 10, Issue 4 Pages 241–333
http://onlinelibrary.wiley.com/doi/10.1111/jebm.2017.10.issue-4/issuetoc
EDITORIAL
Reporting from 8th International Congress on Peer Review and Scientific Publication: Challenges and opportunities for China's periodical and press industries (pages 243–244)
Yonggang Zhang, Liang Du and Youping Li
Version of Record online: 29 NOV 2017 | DOI: 10.1111/jebm.12279

Articles
Essential medicines lists for children of WHO, India, South Africa, and EML of China: A comparative study (pages 271–280)
Dan Liu, Jing Cheng, Ling-Li Zhang, You-Ping Li, Li-Nan Zeng, Chuan Zhang and Ge Gui
Version of Record online: 24 MAY 2017 | DOI: 10.1111/jebm.12240
Abstract
Objective
Comparing the essential medicine lists for children and China national essential medicine list 2012, to provide the evidence for establishing essential medicine list for children in China.
Methods
Search the official websites of WHO and some other countries' ministry of health to get essential medicine lists for children (EMLc) that have already established. Compare the situation of updating, the number and classification of medicines, and the dosage forms in essential medicine lists for children and China national essential medicine list 2012.
Results
By December 2013, the WHO, India, and South Africa have established EMLc. The list of China was for people in all ages, so the number of medicines ranked first in four lists. WHO, India, and China classified the medicines by pharmacologic action, South Africa classified by ATC classification. Except for WHO, India, South Africa, and China did not have specific medicines for neonatal care or medicines for diseases of joints. The main administration routes in these four lists were oral administration, injection, and topical application. There were medicine

restrictions in lists of WHO and India, but there were no medicine restrictions in the lists of South Africa and China.
Conclusion
Compared with EMLs for children, the 2012 National Essential Medicine List for China is not suitable for children in China. Development of Chinese EMLc should be based on the burden of diseases for children, and should select applicable dosage forms and specifications.

Journal of Global Ethics
Volume 13, Issue 2, 2016
http://www.tandfonline.com/toc/rjge20/current
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 28, Number 4, November
https://muse.jhu.edu/issue/37451
[Reviewed earlier]

Journal of Immigrant and Minority Health
Volume 19, Issue 6, December 2017
https://link.springer.com/journal/10903/19/6/page/1
[Reviewed earlier]

Journal of Immigrant & Refugee Studies
Volume 15, Issue 4, 2017
http://www.tandfonline.com/toc/wimm20/current
[Reviewed earlier]

Journal of Infectious Diseases
Volume 216, Issue 8, 15 November 2017
https://academic.oup.com/jid/issue
[Reviewed earlier]

Journal of Medical Ethics
December 2017 - Volume 43 - 12
http://jme.bmj.com/content/current
[New issue; No digest content identified]

Journal of Medical Internet Research
Vol 19, No 12 (2017): December
http://www.jmir.org/2017/11
[New issue; No digest content identified]

Journal of Medical Microbiology
Volume 66, Issue 11, November 2017
http://jmm.microbiologyresearch.org/content/journal/jmm/66/11
[Reviewed earlier]

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Volume 4, Issue 4 (2017)
http://digitalrepository.aurorahealthcare.org/jpcrr/
Health Disparities and Inequities: Part I
[Reviewed earlier]

Journal of the Pediatric Infectious Diseases Society (JPIDS)
Volume 6, Issue 4 December 2017
https://academic.oup.com/jpids/issue
[Reviewed earlier]

Journal of Pediatrics
December 2017 Volume 191, p1-282
http://www.jpeds.com/current
[New issue; No digest content identified]

Journal of Public Health Management & Practice
November/December 2017 - Volume 23 - Issue 6
http://journals.lww.com/jphmp/pages/default.aspx
[New issue; No digest content identified]

Journal of Public Health Policy
Volume 38, Issue 4, November 2017
https://link.springer.com/journal/41271/38/4/page/1
[Reviewed earlier]

Journal of the Royal Society – Interface
01 September 2017; volume 14, issue 134
http://rsif.royalsocietypublishing.org/content/current
[Reviewed earlier]

Journal of Travel Medicine
Volume 24, Issue 5, 1 September – October 2017
https://academic.oup.com/jtm/issue/24/5

[Reviewed earlier]

Journal of Virology
November 2017, volume 91, issue 22
http://jvi.asm.org/content/current
[Reviewed earlier]

The Lancet
Dec 02, 2017 Volume 390 Number 10111 p2413-2526 e43-e49
http://www.thelancet.com/journals/lancet/issue/current
Comment
Typhoid vaccine development with a human challenge model
Nicholas A Feasey, Myron M Levine
Published: 2 December 2017
Experimental human typhoid fever challenge was first described in 1896 by Wright, who vaccinated two men against typhoid fever and challenged one with what was then known as Salmonella typhosa.1 While challenge models are sometimes controversial, they offer enormous potential to study the pathogenesis of disease and to accelerate vaccine development, particularly in human-restricted pathogens such as Salmonella enterica serovar Typhi. The Maryland typhoid human challenge model, which ran from 1952 to 1974, led to insights into typhoid fever and facilitated the development of live attenuated typhoid vaccine Ty21a.2, 3 A 21st-century typhoid challenge model has been developed by the Oxford Vaccine Group.4

In The Lancet, Celina Jin and colleagues5 report results from challenging three groups of healthy adults from Oxford, UK, who were randomly assigned to receive Vi-conjugate vaccine, unconjugated Vi-polysaccharide vaccine, or control vaccine (ACYW135 meningococcal conjugate) with wild-type Quailes strain Salmonella Typhi. Results of this volunteer challenge have been awaited with much anticipation by the public health community interested in control of typhoid fever in endemic areas of south Asia and sub-Saharan Africa where S Typhi is increasingly antibiotic resistant and few treatment options remain. Vi-conjugate vaccines that have been in development represent a new instrument to help to control typhoid. The most advanced conjugate vaccine, Typbar-TCV (Vi-polysaccharide [Vi-PS] conjugated to tetanus toxoid, Vi-TT, Bharat Biotech, Hyderabad, India), is licensed in India where it has been shown to elicit robust serum Vi antibody responses after only one dose, even in Indian infants as young as 6 months.6 In toddlers, older children, and adults, Typbar-TCV was shown to be significantly more immunogenic than the unconjugated Bharat Vi-PS.6 Bharat Biotech has submitted an application to WHO for pre-qualification of their Vi-TT. If approved, this would allow the vaccine to be procured by UN agencies. However, despite evidence of safety and immunogenicity in Indian children and adults, heretofore, there has been no evidence of actual efficacy of the vaccine in diminishing the attack rate of typhoid fever upon exposure to virulent S Typhi compared with the control participants. Importantly, the authors provide the first data documenting that Typbar-TCV is protective.

112 participants were enrolled in this observer and participant-blinded, randomised controlled trial, which showed that the Vi-TT is well tolerated, achieved 100% seroconversion of Vi antibody (versus 89% for Vi-PS), and stimulated significantly higher geometric mean titres than

did unconjugated Vi-PS. Most importantly, Jin and colleagues document that Vi-TT recipients had a significantly lower attack rate for the primary aim endpoint diagnosing typhoid fever than control recipients. With the primary endpoint used in this ambitious trial, the attack rate for typhoid diagnosis was 24 (77%) of 31 in control participants, 13 (35%) of 37 in Vi-TT recipients, and 13 (35%) of 35 in those who received Vi-PS. This translates into vaccine efficacies of 54·6% (95% CI 26·8–71·8) for Vi-TT and 52·0% (23·2–70·0) for Vi-PS.

As the authors suggest, the field efficacy of Vi-TT vaccine might be higher; for example, a well designed and executed field trial of an unlicensed Vi-conjugate produced by the National Institutes of Health (Bethesda, MD, USA) in Vietnamese pre-school children showed an efficacy of 89% (95% CI 76–97) over 46 months of follow-up.7 One possible explanation lies in the primary endpoint of so-called typhoid infection used by Jin and colleagues5 (persistent fever ≥38°C for ≥12 h or S Typhi bacteraemia), which arguably is better suited to studying typhoid pathogenesis than assessing the efficacy of typhoid vaccines. Using slightly different endpoints such as fever 38°C or higher followed by a positive blood culture, similar to surveillance in a field trial and to endpoints used in the Maryland challenge model, Jin and colleagues5 report that the efficacy of Vi-TT was 87·1% (95% CI 47·2–96·9), while efficacy of Vi-PS was 52·3% (−4·2 to 78·2). Although future typhoid challenges based on this as a co-primary endpoint would require larger sample sizes, the information gained might be more relevant and predictive of the efficacy that might be noted in a randomised controlled field trial. This highlights the need for the phase 3 and 4 trials, the first of which is expected to be initiated in Asia in late 2017 by the Typhoid Vaccine Acceleration Consortium (TyVAC), a partnership between the University of Maryland, the University of Oxford, and PATH funded by the Bill & Melinda Gates Foundation. However, because it will be some years before these field trials are reported, Jin and colleagues' challenge study results are timely and engender optimism that an effective new instrument has become available to help to control typhoid in hyperendemic populations.

NAF declares no competing interests. MML reports co-developing, with colleagues, a Salmonella Enteritidis/Salmonella Typhimurium/Salmonella Typhi Vi trivalent conjugate vaccine against invasive Salmonella disease in sub-Saharan Africa with Bharat Biotech International as a partner and funding from a Strategic Translation Award from the Wellcome Trust. MML has a US patent, 9011871, issued April 21, 2016, for Broad Spectrum Vaccine Against Typhoidal and non-typhoidal Salmonella disease, for which MML along with James E Galen, Raphael Simon, and Sharon Tennant are inventors.

Articles

Efficacy and immunogenicity of a Vi-tetanus toxoid conjugate vaccine in the prevention of typhoid fever using a controlled human infection model of Salmonella Typhi: a randomised controlled, phase 2b trial

Celina Jin, Malick M Gibani, Maria Moore, Helene B Juel, Elizabeth Jones, James Meiring, Victoria Harris, Jonathan Gardner, Anna Nebykova, Simon A Kerridge, Jennifer Hill, Helena Thomaides-Brears, Christoph J Blohmke, Ly-Mee Yu, Brian Angus, Andrew J Pollard

2472

Open Access

Summary

Background

Salmonella enterica serovar Typhi (S Typhi) is responsible for an estimated 20 million infections and 200 000 deaths each year in resource poor regions of the world. Capsular Vi-

polysaccharide-protein conjugate vaccines (Vi-conjugate vaccines) are immunogenic and can be used from infancy but there are no efficacy data for the leading candidate vaccine being considered for widespread use. To address this knowledge gap, we assessed the efficacy of a Vi-tetanus toxoid conjugate vaccine using an established human infection model of S Typhi.
Methods
In this single-centre, randomised controlled, phase 2b study, using an established outpatient-based human typhoid infection model, we recruited healthy adult volunteers aged between 18 and 60 years, with no previous history of typhoid vaccination, infection, or prolonged residency in a typhoid-endemic region. Participants were randomly assigned (1:1:1) to receive a single dose of Vi-conjugate (Vi-TT), Vi-polysaccharide (Vi-PS), or control meningococcal vaccine with a computer-generated randomisation schedule (block size 6). Investigators and participants were masked to treatment allocation, and an unmasked team of nurses administered the vaccines. Following oral ingestion of S Typhi, participants were assessed with daily blood culture over a 2-week period and diagnosed with typhoid infection when meeting pre-defined criteria. The primary endpoint was the proportion of participants diagnosed with typhoid infection (ie, attack rate), defined as persistent fever of 38°C or higher for 12 h or longer or S Typhi bacteraemia, following oral challenge administered 1 month after Vi-vaccination (Vi-TT or Vi-PS) compared with control vaccination. Analysis was per protocol. This trial is registered with ClinicalTrials.gov, number NCT02324751, and is ongoing.
Findings
Between Aug 18, 2015, and Nov 4, 2016, 112 participants were enrolled and randomly assigned; 34 to the control group, 37 to the Vi-PS group, and 41 to the Vi-TT group. 103 participants completed challenge (31 in the control group, 35 in the Vi-PS group, and 37 in the Vi-TT group) and were included in the per-protocol population. The composite criteria for typhoid diagnosis was met in 24 (77%) of 31 participants in the control group, 13 (35%) of 37 participants in the Vi-TT group, and 13 (35%) of 35 participants in the Vi-PS group to give vaccine efficacies of 54·6% (95% CI 26·8–71·8) for Vi-TT and 52·0% (23·2–70·0) for Vi-PS. Seroconversion was 100% in Vi-TT and 88·6% in Vi-PS participants, with significantly higher geometric mean titres detected 1-month post-vaccination in Vi-TT vaccinees. Four serious adverse events were reported during the conduct of the study, none of which were related to vaccination (one in the Vi-TT group and three in the Vi-PS group).
Interpretation
Vi-TT is a highly immunogenic vaccine that significantly reduces typhoid fever cases when assessed using a stringent controlled model of typhoid infection. Vi-TT use has the potential to reduce both the burden of typhoid fever and associated health inequality.
Funding
The Bill & Melinda Gates Foundation and the European Commission FP7 grant, Advanced Immunization Technologies (ADITEC).

Lancet Global Health
Dec 2017 Volume 5 Number 12 e1161-e1282
http://www.thelancet.com/journals/langlo/issue/current
Articles
Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review
Sarah Larney, Amy Peacock, Janni Leung, Samantha Colledge, Matthew Hickman, Peter Vickerman, Jason Grebely, Kostyantyn V Dumchev, Paul Griffiths, Lindsey Hines, Evan B

Cunningham, Richard P Mattick, Michael Lynskey, John Marsden, John Strang, Louisa Degenhardt
e1208

Lancet Infectious Diseases
Dec 2017 Volume 17 Number 12 p1219-1318 e383-e433
http://www.thelancet.com/journals/laninf/issue/current

Comment

An effective and safe vaccine will not be enough to prepare us for the next Ebola outbreak

John S Schieffelin
Open Access - Excerpt

…Although this study [Gsell et al] is noteworthy because it provides substantially more safety and efficacy data for the rVSV-EBOV vaccine, it also points out two major hurdles remaining that every Ebola vaccine must overcome in the future, and for the cautionary tale that it provides, one that the international community will hopefully heed. First, the reported adverse event rate in Ebola ça Suffit! was 53·9%, with 98·5% classified as mild to moderate.[5] In the present study, the vaccine was better tolerated with only 16% of children and 34% of adults reporting adverse events. With an adverse event rate of up to 50%, social mobilisation efforts to encourage vaccination participation will be challenging in future Ebola outbreaks. How many people refuse the seasonal influenza vaccine each year because they think it gives them the flu? Now imagine a scenario in which people think the vaccine could give them Ebola. This issue leads directly to the vaccine's second hurdle: misconceptions, rumours, and community resistance. 34% of eligible contacts in Ebola Ça Suffit! refused or withdrew consent.[5] In the current study, one affected community refused participation due to mistrust of the Ebola surveillance teams. Community resistance played a prominent part in the spread of Ebola virus during the 2013–15 outbreak.[6] A weak public health infrastructure and widespread shortages of health-care workers contributed to fears and misconceptions about an unfamiliar disease with a high mortality. One that is treated in walled-off Ebola treatment units and requires medical burials, denying family members the solace provided by traditional funeral rites. These conditions fuelled rumours, mistrust, and, in some cases, violence. Surveillance, social mobilisation, and vaccination teams trained in distant capitals must seek input and support from local leaders or they risk developing a sense of coercion and distrust...[7, 8]

Articles

Ring vaccination with rVSV-ZEBOV under expanded access in response to an outbreak of Ebola virus disease in Guinea, 2016: an operational and vaccine safety report

Pierre-Stéphane Gsell, Anton Camacho, Adam J Kucharski, Conall H Watson, Aminata Bagayoko, Séverine Danmadji Nadlaou, Natalie E Dean, Abdourahamane Diallo, Abdourahmane Diallo, Djidonou A Honora, Moussa Doumbia, Godwin Enwere, Elizabeth S Higgs, Thomas Mauget, Diakite Mory, Ximena Riveros, Fofana Thierno Oumar, Mosoka Fallah, Alhassane Toure, Andrea S Vicari, Ira M Longini, W J Edmunds, Ana Maria Henao-Restrepo, Marie Paule Kieny, Sakoba Kéïta
Open Access

Summary

Background

In March, 2016, a flare-up of Ebola virus disease was reported in Guinea, and in response ring vaccination with the unlicensed rVSV-ZEBOV vaccine was introduced under expanded access, the first time that an Ebola vaccine has been used in an outbreak setting outside a clinical trial. Here we describe the safety of rVSV-ZEBOV candidate vaccine and operational feasibility of ring vaccination as a reactive strategy in a resource-limited rural setting.
Methods
Approval for expanded access and compassionate use was rapidly sought and obtained from relevant authorities. Vaccination teams and frozen vaccine were flown to the outbreak settings. Rings of contacts and contacts of contacts were defined and eligible individuals, who had given informed consent, were vaccinated and followed up for 21 days under good clinical practice conditions.
Findings
Between March 17 and April 21, 2016, 1510 individuals were vaccinated in four rings in Guinea, including 303 individuals aged between 6 years and 17 years and 307 front-line workers. It took 10 days to vaccinate the first participant following the confirmation of the first case of Ebola virus disease. No secondary cases of Ebola virus disease occurred among the vaccinees. Adverse events following vaccination were reported in 47 (17%) 6–17 year olds (all mild) and 412 (36%) adults (individuals older than 18 years; 98% were mild). Children reported fewer arthralgia events than adults (one [<1%] of 303 children vs 81 [7%] of 1207 adults). No severe vaccine-related adverse events were reported.
Interpretation
The results show that a ring vaccination strategy can be rapidly and safely implemented at scale in response to Ebola virus disease outbreaks in rural settings.
Funding
WHO, Gavi, and the World Food Programme.

Articles

Changes in the prevalence of human papillomavirus following a national bivalent human papillomavirus vaccination programme in Scotland: a 7-year cross-sectional study

Kimberley Kavanagh, Kevin G Pollock, Kate Cuschieri, Tim Palmer, Ross L Cameron, Cameron Watt, Ramya Bhatia, Catherine Moore, Heather Cubie, Margaret Cruickshank, Chris Robertson

Review

The basic reproduction number (R0) of measles: a systematic review

Fiona M Guerra, Shelly Bolotin, Gillian Lim, Jane Heffernan, Shelley L Deeks, Ye Li, Natasha S Crowcroft

Lancet Public Health
Nov 2017 Volume 2 Number 11 e483-e528
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[Reviewed earlier]

Lancet Respiratory Medicine
Dec 2017 Volume 5 Number 12 p909-980 e35-e37
http://www.thelancet.com/journals/lanres/issue/current

[New issue; No digest content identified]

Maternal and Child Health Journal
Volume 21, Issue 12, December 2017
https://link.springer.com/journal/10995/21/12/page/1
Original Paper
Influences on Immunization Decision-Making among US Parents of Young Children
This study assessed influences on vaccination decisions among parents of young children and examined common vaccination information and advice sources.
Yunmi Chung, Jay Schamel, Allison Fisher…

Medical Decision Making (MDM)
Volume 37, Issue 8, November 2017
http://mdm.sagepub.com/content/current
[Reviewed earlier]

The Milbank Quarterly
A Multidisciplinary Journal of Population Health and Health Policy
September 2017 Volume 95, Issue 3 Pages 447–682
http://onlinelibrary.wiley.com/doi/10.1111/milq.2017.95.issue-3/issuetoc
[Reviewed earlier]

Nature
Volume 551 Number 7682 pp541-658 30 November 2017
http://www.nature.com/nature/current_issue.html
[New issue; No digest content identified]

Nature Medicine
November 2017, Volume 23 No 11 pp1243-1384
http://www.nature.com/nm/journal/v23/n11/index.html
[Reviewed earlier]

Nature Reviews Immunology
December 2017 Vol 17 No 12
http://www.nature.com/nri/journal/v17/n12/index.html
[New issue; No digest content identified]

New England Journal of Medicine
November 30, 2017 Vol. 377 No. 22
http://www.nejm.org/toc/nejm/medical-journal
Original Article

HIV Prevention Efforts and Incidence of HIV in Uganda
M. Kate Grabowski, Ph.D., David M. Serwadda, M.B., Ch.B., M.P.H., Ronald H. Gray, M.D., Gertrude Nakigozi, M.B., Ch.B., Ph.D., Godfrey Kigozi, M.B., Ch.B., Ph.D., Joseph Kagaayi, M.B., Ch.B., Ph.D., Robert Ssekubugu, M.S.P.H., Fred Nalugoda, Ph.D., Justin Lessler, Ph.D., M.H.S., Thomas Lutalo, Ph.D., Ronald M. Galiwango, M.B., Ch.B., Sc.M., Fred Makumbi, Ph.D., Xiangrong Kong, Ph.D., Donna Kabatesi, M.D., M.P.H., Stella T. Alamo, M.D., M.P.H., Steven Wiersma, M.D., M.P.H., Nelson K. Sewankambo, M.B., Ch.B., Aaron A.R. Tobian, M.D., Ph.D., Oliver Laeyendecker, Ph.D., Thomas C. Quinn, M.D., Steven J. Reynolds, M.D., M.P.H., Maria J. Wawer, M.D., and Larry W. Chang, M.D., M.P.H., for the Rakai Health Sciences Program*
N Engl J Med 2017; 377:2154-2166 November 30, 2017 DOI: 10.1056/NEJMoa1702150
To assess the effect of a combination strategy for prevention of human immunodeficiency virus (HIV) on the incidence of HIV infection, we analyzed the association between the incidence of HIV and the scale-up of antiretroviral therapy (ART) and medical male circumcision in Rakai, Uganda. Changes in population-level viral-load suppression and sexual behaviors were also examined.

Pediatrics
December 2017, VOLUME 140 / ISSUE 6
http://pediatrics.aappublications.org/content/140/6?current-issue=y
Articles
Web-based Social Media Intervention to Increase Vaccine Acceptance: A Randomized Controlled Trial
Jason M. Glanz, Nicole M. Wagner, Komal J. Narwaney, Courtney R. Kraus, Jo Ann Shoup, Stanley Xu, Sean T. O'Leary, Saad B. Omer, Kathy S. Gleason, Matthew F. Daley
Pediatrics Dec 2017, 140 (6) e20171117; DOI: 10.1542/peds.2017-1117
In this RCT, we compare vaccination outcomes in infants of pregnant women exposed to either a VSM intervention, a VI Web site, or UC.

Articles
4-Valent Human Papillomavirus (4vHPV) Vaccine in Preadolescents and Adolescents After 10 Years
Daron G. Ferris, Rudiwilai Samakoses, Stanley L. Block, Eduardo Lazcano-Ponce, Jaime Alberto Restrepo, Jesper Mehlsen, Archana Chatterjee, Ole-Erik Iversen, Amita Joshi, Jian-Li Chu, Andrea Likos Krick, Alfred Saah, Rituparna Das
Pediatrics Dec 2017, 140 (6) e20163947; DOI: 10.1542/peds.2016-3947
This report summarizes the immunogenicity, effectiveness, and safety of the 4vHPV vaccine in adolescent and preadolescent subjects after 10 years.

Pharmaceutics
Volume 9, Issue 3 (September 2017)
http://www.mdpi.com/1999-4923/9/3
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Volume 35, Issue 12, December 2017

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[New issue; No digest content identified]

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http://currents.plos.org/disasters/
[Accessed 2 December 2017]
[No new digest content identified]

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http://currents.plos.org/outbreaks/
[Accessed 2 December 2017]
[No new digest content identified]

PLoS Medicine
http://www.plosmedicine.org/
(Accessed 2 December 2017)
Editorial
The end of HIV: Still a very long way to go, but progress continues
Steven G. Deeks, Sharon R. Lewin, Linda-Gail Bekker
| published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002466

Collection Review
malERA: An updated research agenda for malaria elimination and eradication
Regina N. Rabinovich, Chris Drakeley, Abdoulaye A. Djimde, B. Fenton Hall, Simon I. Hay, Janet Hemingway, David C. Kaslow, Abdisalan Noor, Fredros Okumu, Richard Steketee, Marcel Tanner, Timothy N. C. Wells, Maxine A. Whittaker, Elizabeth A. Winzeler, Dyann F. Wirth, Kate Whitfield, Pedro L. Alonso
| published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002456
Abstract
Achieving a malaria-free world presents exciting scientific challenges as well as overwhelming health, equity, and economic benefits. WHO and countries are setting ambitious goals for reducing the burden and eliminating malaria through the "Global Technical Strategy" and 21 countries are aiming to eliminate malaria by 2020. The commitment to achieve these targets should be celebrated. However, the need for innovation to achieve these goals, sustain elimination, and free the world of malaria is greater than ever. Over 180 experts across multiple disciplines are engaged in the Malaria Eradication Research Agenda (malERA) Refresh process to address problems that need to be solved. The result is a research and development agenda to accelerate malaria elimination and, in the longer term, transform the malaria community's ability to eradicate it globally.

Collection Review
malERA: An updated research agenda for diagnostics, drugs, vaccines, and vector control in malaria elimination and eradication

The malERA Refresh Consultative Panel on Tools for Malaria Elimination
| published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002455

Abstract
Since the turn of the century, a remarkable expansion has been achieved in the range and effectiveness of products and strategies available to prevent, treat, and control malaria, including advances in diagnostics, drugs, vaccines, and vector control. These advances have once again put malaria elimination on the agenda. However, it is clear that even with the means available today, malaria control and elimination pose a formidable challenge in many settings. Thus, currently available resources must be used more effectively, and new products and approaches likely to achieve these goals must be developed. This paper considers tools (both those available and others that may be required) to achieve and maintain malaria elimination. New diagnostics are needed to direct treatment and detect transmission potential; new drugs and vaccines to overcome existing resistance and protect against clinical and severe disease, as well as block transmission and prevent relapses; and new vector control measures to overcome insecticide resistance and more powerfully interrupt transmission. It is also essential that strategies for combining new and existing approaches are developed for different settings to maximise their longevity and effectiveness in areas with continuing transmission and receptivity. For areas where local elimination has been recently achieved, understanding which measures are needed to maintain elimination is necessary to prevent rebound and the reestablishment of transmission. This becomes increasingly important as more countries move towards elimination.

Collection Review
malERA: An updated research agenda for health systems and policy research in malaria elimination and eradication
The malERA Refresh Consultative Panel on Health Systems and Policy Research
| published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002454

Collection Review
malERA: An updated research agenda for combination interventions and modelling in malaria elimination and eradication
The malERA Refresh Consultative Panel on Combination Interventions and Modelling
Collection Review | published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002453

Collection Review
malERA: An updated research agenda for characterising the reservoir and measuring transmission in malaria elimination and eradication
The malERA Refresh Consultative Panel on Characterising the Reservoir and Measuring Transmission
Collection Review | published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002452

Collection Review
malERA: An updated research agenda for basic science and enabling technologies in malaria elimination and eradication

The malERA Refresh Consultative Panel on Basic Science and Enabling Technologies
Collection Review | published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002451

Collection Review
malERA: An updated research agenda for insecticide and drug resistance in malaria elimination and eradication
The malERA Refresh Consultative Panel on Insecticide and Drug Resistance
Collection Review | published 30 Nov 2017 PLOS Medicine
https://doi.org/10.1371/journal.pmed.1002450

PLoS Neglected Tropical Diseases
http://www.plosntds.org/
(Accessed 2 December 2017)
Research Article
The importance of thinking beyond the water-supply in cholera epidemics: A historical urban case-study
Matthew D. Phelps, Andrew S. Azman, Joseph A. Lewnard, Marina Antillón, Lone Simonsen, Viggo Andreasen, Peter K. M. Jensen, Virginia E. Pitzer
| published 27 Nov 2017 PLOS Neglected Tropical Diseases
https://doi.org/10.1371/journal.pntd.0006103
Conclusions/Significance
Spatially targeted cholera interventions, such as reactive vaccination or sanitation/hygiene campaigns in hotspot neighborhoods, would likely have been more effective in this epidemic than control measures aimed at interrupting long-cycle transmission, such as improving municipal water quality. We recommend public health planners consider programs aimed at interrupting short-cycle transmission as essential tools in the cholera control arsenal.

PLoS One
http://www.plosone.org/
Research Article
Safety and efficacy of an oxycodone vaccine: Addressing some of the unique considerations posed by opioid abuse
M. D. Raleigh, S. J. Peterson, M. Laudenbach, F. Baruffaldi, F. I. Carroll, S. D. Comer, H. A. Navarro, T. L. Langston, S. P. Runyon, S. Winston, M. Pravetoni, P. R. Pentel
| published 01 Dec 2017 PLOS ONE
https://doi.org/10.1371/journal.pone.0184876

Cost-effectiveness of expanding childhood routine immunization against Neisseria meningitidis serogroups C, W and Y with a quadrivalent conjugate vaccine in the African meningitis belt
Andreas Kuznik, Garba Iliyasu, Mohammed Lamorde, Mustapha Mahmud, Baba M. Musa, Ibrahim Nashabaru, Stephen Obaro, Idris Mohammed, Abdulrazaq G. Habib
Research Article | published 30 Nov 2017 PLOS ONE
https://doi.org/10.1371/journal.pone.0188595

Modelling the effects of quadrivalent Human Papillomavirus (HPV) vaccination in Puerto Rico
Ana Patricia Ortiz, Karen J. Ortiz-Ortiz, Moraima Ríos, José Laborde, Amit Kulkarni, Matthew Pillsbury, Andreas Lauschke, Homero A. Monsanto, Cecile Marques-Goyco
Research Article | published 30 Nov 2017 PLOS ONE
https://doi.org/10.1371/journal.pone.0184540

Predictors of seasonal influenza vaccination among older adults in Thailand
Prabda Praphasiri, Darunee Ditsungnoen, Supakit Sirilak, Jarawee Rattanayot, Peera Areerat, Fatimah S. Dawood, Kim A. Lindblade
Research Article | published 29 Nov 2017 PLOS ONE
https://doi.org/10.1371/journal.pone.0188422

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Volume 32 - Issue 5 - October 2017
https://www.cambridge.org/core/journals/prehospital-and-disaster-medicine/latest-issue
[Reviewed earlier]

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Volume 105, Pages 1-412 (December 2017)
http://www.sciencedirect.com/science/journal/00917435/105?sdc=2
[Reviewed earlier]

Proceedings of the Royal Society B
25 October 2017; volume 284, issue 1865
http://rspb.royalsocietypublishing.org/content/284/1865?current-issue=y
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Public Health Ethics
Volume 10, Issue 3 November 2017
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[Reviewed earlier]

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Volume 132, Issue 6, November/December 2017
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[Reviewed earlier]

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Volume 28, Issue 1, January 2018
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[New issue; No digest content identified]

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[Accessed 2 December 2017]
[No new digest content identified]

Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)
http://www.paho.org/journal/index.php?option=com_content&view=featured&Itemid=101
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November 2017 Volume 37, Issue 11 Pages 2023–2259
http://onlinelibrary.wiley.com/doi/10.1111/risa.2017.37.issue-11/issuetoc
[Reviewed earlier]

Risk Management and Healthcare Policy
Volume 10, 2017
https://www.dovepress.com/risk-management-and-healthcare-policy-archive56
[Reviewed earlier]

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01 December 2017 Vol 358, Issue 6367
http://www.sciencemag.org/current.dtl
[New issue; No digest content identified]

Science Translational Medicine
29 November 2017 Vol 9, Issue 418

http://stm.sciencemag.org/
[New issue; No digest content identified]

Social Science & Medicine
Volume 190, Pages 1-278 (October 2017)
http://www.sciencedirect.com/science/journal/02779536/190?sdc=1
[Reviewed earlier]

Travel Medicine and Infectious Diseases
September 2017 Volume 19
http://www.travelmedicinejournal.com/
[Reviewed earlier]

Tropical Medicine & International Health
November 2017 Volume 22, Issue 11 Pages 1361–1462
http://onlinelibrary.wiley.com/doi/10.1111/tmi.2017.22.issue-11/issuetoc
[Reviewed earlier]

Vaccine
Volume 35, Issue 50
http://www.sciencedirect.com/journal/vaccine/vol/35/issue/50
Conference report
Moving forward on strengthening and sustaining National Immunization Technical Advisory Groups (NITAGs) globally: Recommendations from the 2nd global NITAG network meeting
Open access
Pages 6925–6930
Noni E. MacDonald, Philippe Duclos, Ole Wichmann, Louise Henaff, ... Rupa Rajbhandari Singh
Abstract
National Immunization Technical Advisory Groups (NITAGs) provide independent, evidence-informed advice to assist their governments in immunization policy formation. This is complex work and many NITAGs face challenges in fulfilling their roles. Inter-country NITAG collaboration opportunities have the potential to enhance NITAG function and grow the quality of recommendations. Hence the many requests for formation of a network linking NITAGs together so they can learn from each other. The first Global NITAG Network (GNN) meeting, held in 2016, led to a push to launch the GNN and grow the network. At the second GNN meeting, held June 28–29, 2017 in Berlin, the GNN was formally inaugurated. Participants discussed GNN governance, reflected on the April 2017 Strategic Advisory Group of Experts (SAGE) on Immunization conclusions concerning strengthening of NITAGs and also shared NITAG experiences in evaluation and inter-country collaborations and independence. They also discussed the role of Regional Technical Advisory Groups on Immunization (RTAGs) and regional networks. A number of issues were raised including NITAGs and communications, dissemination of recommendations and vaccine implementation as well as implications of off-label recommendations. Participants were alerted to immunization evidence assessment sites

and value of sharing of resources. They also discussed potential GNN funding opportunities, developed an action plan for 2017–18 and selected a Steering Committee to help move the GNN forward. All participants agreed on the importance of the GNN and the value in attracting more countries to join the GNN.

Commentary
A behavioral economics approach to the failed HPV vaccination program in Japan
Open access
Pages 6931–6933
Asami Yagi, Yutaka Ueda, Tadashi Kimura

Short communications
Driving immunization through the Medicare Annual Wellness Visit: A growing opportunity

Pages 6938–6940
Angela K. Shen, Rob Warnock, Jeffrey A. Kelman
This study analyzes Medicare Part B fee-for-service claims from 2011 to 2016 to assess AWV and seasonal influenza and pneumococcal conjugate vaccinations utilization over time.

Original research article
Dengue vaccine supplies under endemic and epidemic conditions in three dengue-endemic countries: Colombia, Thailand, and Vietnam
Pages 6957–6966
Jung-Seok Lee, Jacqueline K. Lim, Duc Anh Dang, Thi Hien Anh Nguyen, Andrew Farlow

Vaccine: Development and Therapy
https://www.dovepress.com/vaccine-development-and-therapy-archive111
(Accessed 2 December 2017)
No new digest content identified]

Vaccines — Open Access Journal
http://www.mdpi.com/journal/vaccines
(Accessed 2 December 2017)
[No new digest content identified]

Value in Health
October–November 2017 Volume 20, Issue 9
http://www.valueinhealthjournal.com/current
ISPOR 20th Annual European Congress Research Abstracts
[Reviewed earlier]

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

No new digest content identified.

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Media/Policy Watch

This 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 2 December 2017
[No new, unique, relevant content]

BBC
http://www.bbc.co.uk/
Accessed 2 December 2017
[No new, unique, relevant content]

The Economist
http://www.economist.com/
Accessed 2 December 2017
[No new, unique, relevant content]

Financial Times
http://www.ft.com/home/uk
Accessed 2 December 2017
[No new, unique, relevant content]

Forbes
http://www.forbes.com/
Accessed 2 December 2017 [No new, unique, relevant content]
[No new, unique, relevant content]

Foreign Affairs
http://www.foreignaffairs.com/
Accessed 2 December 2017
[No new, unique, relevant content]

Foreign Policy
http://foreignpolicy.com/
Accessed 2 December 2017
[No new, unique, relevant content]

The Guardian
http://www.guardiannews.com/
Accessed 2 December 2017
Japanese Doctor wins 2017 John Maddox prize for countering HPV vaccine misinformation
30 November 2017
A Japanese doctor who has stood up to a campaign of misinformation around a common anti-cancer vaccine has won a prestigious prize for championing evidence in the face of hostility and personal threats.
Riko Muranaka at Kyoto University was awarded the 2017 John Maddox prize on Thursday for her efforts to explain the safety of the human papilloma virus (HPV) vaccine amid strong opposition from anti-vaccine activists and a small group of academics.
Muranaka was praised by colleagues for her courage and leadership as she endured insults, litigation and attempts to undermine her professional status as the HPV vaccine came under attack in Japan. While the jab is used without fuss in many countries, in Japan and some other nations, fears raised by campaigners have hit vaccine uptake rates…

New Yorker
http://www.newyorker.com/
Accessed 2 December 2017
Lake Chad: The World's Most Complex Humanitarian Disaster
A Reporter at Large By Ben Taub
December 4, 2017 Issue
Boko Haram, climate change, predatory armies, and extreme hunger are converging on a marginalized population in Central Africa.

New York Times
http://www.nytimes.com/
Accessed 2 December 2017
Ravaged by Cholera, Yemen Faces 2nd Preventable Scourge: Diphtheria
Aid officials said the Saudi blockade of Yemen was now impeding their ability to fight diphtheria, once thought to have been largely eradicated.
December 01, 2017 - By RICK GLADSTONE - World - Print Headline: "Diphtheria Threatens To Escalate In Yemen"

Philippines Suspends Dengue Shots After Drug Firm's Warning
More than 740,000 students have already received Dengvaxia vaccinations, which could pose health risks for people not previously infected.

December 01, 2017 - By FELIPE VILLAMOR
[See Milestones/Perspectives above for additional details]

Wall Street Journal
http://online.wsj.com/home-page?_wsjregion=na,us&_homepage=/home/us
Accessed 2 December 2017
World
In Rwanda, Drones Deliver Medical Supplies to Remote Areas
By Robert Lee Hotz
Dec. 1, 2017 5:48 am ET
Several drone companies are using cutting-edge technology to deliver essential medical supplies to remote areas—and, in the process, gaining experience that could be used for shipments in more densely populated places.

Washington Post
http://www.washingtonpost.com/
Accessed 2 December 2017
[No new, unique, relevant content]

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Think Tanks et al

Brookings
http://www.brookings.edu/
Accessed 2 December 2017
[No new relevant content]

Center for Global Development
http://www.cgdev.org/page/press-center
Accessed 2 December 2017
Blog Post
New Evidence on the Health Loss but not the Health Gain from WHO's 2009 AIDS Treatment Guidelines
12/1/17
Mead Over
We here at CGD tend to be critical of international agencies like WHO or the UNDP for establishing targets or guidelines without sufficient consideration of the impacts, for good and ill, of those guidelines in the affected countries. Such guidelines often apply standards more appropriate to rich countries and then pressure poor countries to behave as if they were rich.

Council on Foreign Relations
http://www.cfr.org/
Accessed 2 December 2017
[No new relevant content]

CSIS

https://www.csis.org/
Accessed 2 December 2017
[No new relevant content]

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