



**Vaccines and Global Health: The Week in Review**  
**25 April 2020 :: Number 551**  
**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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## ***Milestones :: Perspectives :: Research***

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### **COVID-19 :: Global Strategy/Commitments**

#### **Global leaders unite to ensure everyone everywhere can access new vaccines, tests and treatments for COVID-19**

*Unprecedented gathering of heads of government, institutions and industry cements commitment to accelerate development and delivery for all populations*

24 April 2020 *News release*

GENEVA - Heads of state and global health leaders today made an unprecedented commitment to work together to accelerate the development and production of new vaccines, tests and treatments for COVID-19 and assure equitable access worldwide.

The COVID-19 pandemic has already affected more than 2.4 million people, killing over 160,000. It is taking a huge toll on families, societies, health systems and economies around the world, and for as long as this virus threatens any country, the entire world is at risk.

There is an urgent need, therefore, while following existing measures to keep people physically distanced and to test and track all contacts of people who test positive, for innovative COVID-19 vaccines, diagnostics and treatments.

“We will only halt COVID-19 through solidarity,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Countries, health partners, manufacturers, and the private sector must act together and ensure that the fruits of science and research can benefit everybody.”

Work has already started. Since January, WHO has been working with researchers from hundreds of institutions to develop and test vaccines, standardize assays and standardize regulatory approaches on innovative trial designs and define criteria to prioritize vaccine candidates. The Organization has prequalified diagnostics that are being used all over the world, and more are in the pipeline. And it is coordinating a global trial to assess the safety and efficacy of four therapeutics against COVID-19.

The challenge is to speed up and harmonize processes to ensure that once products are deemed safe and effective, they can be brought to the billions of people in the world who need them. Past experience, in the early days of HIV treatment, for example, and in the deployment of vaccines against the H1N1 outbreak in 2009, shows that even when tools are available, they have not been equally available to all.

So today leaders came together at a virtual event, co-hosted by the World Health Organization, the President of France, the President of the European Commission, and the Bill & Melinda Gates Foundation. The event was joined by the UN Secretary General, the AU Commission Chairperson, the G20 President, heads of state of France, South Africa, Germany, Vietnam, Costa Rica, Italy, Rwanda, Norway, Spain, Malaysia and the UK (represented by the First Secretary of State).

Health leaders from the Coalition for Epidemic Preparedness Innovations (CEPI), GAVI-the Vaccine Alliance, the Global Fund, UNITAID, the Wellcome Trust, the International Red Cross and Red Crescent Movement (IFRC), the International Federation of Pharmaceutical Manufacturers (IFPMA), the Developing Countries Vaccine Manufacturers' Network (DCVMN), and the International Generic and Biosimilar Medicines Association (IGBA) committed to come together, guided by a common vision of a planet protected from human suffering and the devastating social and economic consequences of COVID-19, to launch this groundbreaking collaboration. They are joined by two Special Envoys: Ngozi Okonjo-Iweala, Gavi Board Chair and Sir Andrew Witty, former CEO of GlaxoSmithKline.

**They pledged to work towards equitable global access based on an unprecedented level of partnership. They agreed to create a strong unified voice, to build on past experience and to be accountable to the world, to communities and to one another.**

"Our shared commitment is to ensure all people have access to all the tools to prevent, detect, treat and defeat COVID-19," said Dr Tedros. "No country and no organization can do this alone. The Access to COVID-19 Tools Accelerator brings together the combined power of several organizations to work with speed and scale."

Health leaders called on the global community and political leaders to support this landmark collaboration and for donors to provide the necessary resources to accelerate achievement of its objectives, capitalizing on the opportunity provided by a forthcoming pledging initiative that starts on 4 May 2020. This initiative, spearheaded by the European Union, aims to mobilize the significant resources needed to accelerate the work towards protecting the world from COVID-19.

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### **[Commitment and call to action: Global collaboration to accelerate new COVID-19 health technologies](#)**

*A Global Collaboration to Accelerate the Development, Production and Equitable Access to New COVID-19 diagnostics, therapeutics and vaccines*

24 April 2020

#### **Statement**

##### *Our Vision and Mission*

Grounded in a vision of a planet protected from human suffering and the devastating social and economic consequences of COVID-19, we, an initial group of global health actors (BMGF, CEPI, Gavi, Global Fund, UNITAID, Wellcome Trust, WHO) and private sector partners and other stakeholders, are launching a landmark, global and time-limited collaboration to accelerate the development, production and equitable global access to new COVID-19 essential health technologies.

We know that as long as anyone is at risk from this virus, the entire world is at risk – every single person on the planet needs to be protected from this disease.

We agree that alongside evidence-based public health measures, innovative COVID-19 diagnostics, therapeutics and vaccines are needed – in record time and at record scale and

access – to save millions of lives and countless trillions of dollars, and to return the world to a sense of ‘normalcy’.

We recognize the significant amount of critical work, investment and initiatives already ongoing around the world to expedite the development and deployment of innovative COVID-19 related products and interventions.

We appreciate that while development and deployment of innovative products is essential, it will not be enough. We must simultaneously and urgently accelerate the strengthening of sustainable health systems and capacities to enable delivery of the new COVID-19 tools to those who need them and to mitigate the knock-on impact on other diseases.

We remember lessons from the past, which have shown that even when effective tools are available to the world, too often some are protected, while others are not. This inequity is unacceptable – all tools to address COVID-19 must be available to all. In the fight against COVID-19, no one should be left behind.

We understand we cannot do this alone, and that we need to work together in unprecedented and inclusive partnership with all stakeholders – political leaders, public and private sector partners, civil society, academia, and all other stakeholders across society – jointly leveraging our comparative strengths and respective voices to drive towards collective solutions, an accelerated path, and access for all. We are stronger, faster and more effective working together.

Our Mission is not only accelerated development and availability of new COVID-19 tools – it is to accelerate equitable global access to safe, quality, effective, and affordable COVID-19 diagnostics, therapeutics and vaccines, and thus to ensure that in the fight against COVID-19, no one is left behind.

### ***Our Commitment***

[1] We commit to the shared aim of equitable global access to innovative tools for COVID-19 for all.

[2] We commit to an unprecedented level of partnership – proactively engaging stakeholders, aligning and coordinating efforts, building on existing collaborations, collectively devising solutions, and grounding our partnership in transparency, and science.

[3] We commit to create a strong unified voice to maximize impact, recognizing this is not about singular decision-making authority, but rather collective problem-solving, interconnectedness and inclusivity, where all stakeholders can connect and benefit from the expertise, knowledge and activities of this shared action-oriented platform.

[4] We commit to build on past experiences towards achieving this objective, including ensuring that every activity we undertake is executed through the lens of equitable global access, and that the voices of the communities most affected are heard.

[5] We commit to be accountable to the world, to communities, and to one another. We are coming together in the spirit of solidarity, and in the service of humanity, to achieve our mission and vision.

### ***Our Call***

We ask the global community and political leaders to support this landmark collaboration, and for donors to provide the necessary resources to accelerate achievement of the objectives of this global collaboration, capitalizing on the opportunity provided by the rolling pledging campaign that will start on 4 May 2020.

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### **[Why the world needs \\$8 billion now to get us to COVID-Zero](#)**

*Opinion* | 24 April 2020

Jeremy Farrar, Director Wellcome

*Only when we have tools to detect, treat and prevent coronavirus disease everywhere, will we be able to stop the pandemic. Developing these tools requires new global partnerships and cooperation.*

Science is the only true exit strategy for the COVID-19 crisis. My belief is that this is now an endemic human infection – one that will remain a challenge to the human race from now on. Physical distancing and lockdown measures can slow the virus and lower the peak. But there has to be a longer-term strategy as well. Only when we have tools to detect, treat and prevent it everywhere, will we be able to stop the pandemic now and in the future.

Researchers around the world continue to make extraordinary efforts to understand the disease and the virus that causes it, as well as bringing forward potential science-based solutions as quickly as possible. We don't know exactly where the tests, treatments and vaccines that eventually contribute to ending this crisis will come from – wherever that is, we must commit from the start to make them available to everyone who needs them, independent of their ability to pay.

There's no guarantee that the first vaccines in clinical trials will be the ones we need. In fact, we will need a number of different vaccines. That's why we can't afford to wait for the best solution to emerge and then put everything we have behind it.

Instead, [to get coronavirus vaccines](#), treatments and tests for the world, we need to be lining up as many shots on goal as we can to increase the chance of hitting the target as many times as we need in order to win.

For example, there are various ways to go about creating a vaccine. Some are tried and trusted platforms but they can be expensive and typically take about a decade to produce a safe and effective vaccine. Can we speed up and scale up these approaches? Or [will it take new platforms](#) that are unproven but, if faster, cheaper, safe and effective, could be game-changers?

We don't know, of course. So all these potential approaches must get the full support they need. That will include testing in many different countries to determine whether they work for everyone, and making sure the capability is there to produce such a vaccine reliably, quickly and at a scale of billions of doses within a year.

Hitting the target does not mean a vaccine in a vial that's been given to a few people or is available only to those who can afford it. That won't work biologically, it won't work in terms of public health, it won't end the pandemic. In this case, success demands that the tools science delivers must be available to everyone – that means that the world must have the capacity to

make enough kits or doses for everyone who needs them, many billions, and we must be absolutely committed to this from the start.

Funding multiple teams working on different approaches to develop and deliver these tools, and then funding manufacture and distribution to the entire world, means the costs are going to be huge. It will take billions and billions of dollars. Right now, though, even the initial seed funding to get this work up and running is not in place.

Wellcome calculates that the world is [at least \\$8 billion short of what's needed today](#). That's not the final cost – far from it – but what's required to fund the immediate research, the development of tests, treatments and vaccines, and also to ensure the world has the capacity to manufacture and deliver these tools quickly enough and at the scale required to end this pandemic and protect all of us from future COVID-19 crises.

We urgently need this money to start rolling in fast, at scale, without any thought of a financial return. That kind of funding can only come from governments, global business and philanthropies.

A summit organised by the European Commission on 4 May is exactly what we need to bring these groups together and get the world ready to end the pandemic. Every aspect of our response must be globally coordinated and united, using existing bodies like the World Health Organization and establishing new ones if required, such as the [COVID-19 Therapeutics Accelerator \(opens in a new tab\)](#).

It's going to be different to anything humanity has ever achieved before. If we do it – and I'm optimistic that we will – the world can come out the other side of this crisis in better shape than we went into it. With new global partnerships and cooperation, enhanced public health, and equitable access to innovation front and centre, we can even be stronger.

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## **COVID-19 & Immunization**

### **[Vaccines work at all ages, everywhere - WHO](#)**

23 April 2020

Zsuzsanna Jakab, Deputy Director-General, WHO

There's no question that immunization is one of the greatest success stories in global health, saving millions of lives every year from vaccine-preventable diseases. Every year more than 116 million, or 86% of all infants born are vaccinated – a number that has been holding firm for a decade.

More than 20 life-threatening diseases can now be prevented by immunization, and new vaccines for major killers like diarrhoea, cervical cancer, cholera and meningitis are quickly being introduced in countries that did not use them previously. While, vaccination has routinely prioritized children in the past, today it is increasingly protecting health among people of all ages.

Commitment to research and development has led to developing new vaccines to protect against malaria, typhoid and Ebola, and many more vaccines are under development for emerging diseases, like COVID-19.

All of this is good news. But it also shows the challenges we're facing as we try to ensure no one misses out on life-saving vaccines.

### ***Children still missing out on vaccines***

**Globally, there are still more than 13 million children who never receive any vaccination.** These un-vaccinated children, and millions more under-vaccinated children, are found in all countries but the large majority of them live in a small number of countries which are affected by conflict, poverty and fragility.

It's difficult to reach these children in normal times and intensive work continues to figure out the most effective ways to find them and assure they are receiving immunization and other essential health services. But now COVID-19 is making it even harder.

Immunization services are being scaled back and, in many cases, shut down. Even when the services are still operating parents and caregivers are forgoing taking their children to routine health visits including for immunization out of concern for risk of COVID-19. When vaccination coverage goes down, inevitably more outbreaks will occur, including of life-threatening diseases like measles and polio.

Our challenge now is to ensure we don't slide backwards on vaccination coverage in the midst of the pandemic, but instead move beyond 86% coverage and reach everyone, everywhere. This will not only protect the health of children and their communities but will protect the health services from a second wave of diseases for which we have vaccines to prevent.

### ***A new vision of immunization***

At last year's Global Vaccine Summit, WHO, the European Commission, governments and partners recognized that to sustain vaccination's hard-won gains, we need to ensure our health systems are more equitable in their delivery of services.

The new Immunization Agenda 2030 (IA2030) which sets the vision and strategy for 2021-2030, co-created with community organizations, government ministries, partner organizations, academia, vaccine makers, and with non-immunization partners, recognizes universal health coverage (UHC) as essential to immunization success. To improve coverage, IA2030 outlines strategies that are relevant for all countries to break through on stagnation in reaching children not vaccinated and fight against vaccine hesitancy.

It also aims to build stronger surveillance systems for vaccine-preventable diseases, particularly for identifying, tracking, and monitoring disease outbreaks and sustaining research to ensure we are poised to meet the challenges around the corner on outbreaks, antimicrobial resistance, infections for which our vaccines are inadequate; and seize opportunities to tackle diseases for which there are as yet no vaccines.

And, for the first time the new vision expands the global focus for immunization to all age groups, not just children. While this will shift immunization programmes, it will allow us to

rethink and strengthen people-centred care to ensure vaccines are taken up by older age groups.

***Reaching more people with immunization requires investment***

As we set new priorities for 2021 and beyond with the vaccine community, we also need to ensure we have sound investment in immunization. Every year, almost 80 million infants require vaccinations in 68 Gavi-supported countries and this is growing.

Gavi has set an ambitious goal to immunize 300 million more children with 18 vaccines by 2025. In order to reach this goal, it will require US\$7.4 billion. Gavi's replenishment is essential towards reaching the hardest to reach, and ensuring vaccination services are equitable. WHO remains committed to ensuring Gavi's success.

As we mark World Immunization Week, we must continue to champion the message that #VaccinesWork for All, and not let the COVID-19 pandemic compromise hard won immunization gains in the past decades.

Today's crisis further highlights the need for new vaccine breakthroughs, like we've seen in Ebola, to become the norm. Investments in research and development must be escalated with great intensity to fight new and emerging diseases like COVID-19.

Let's continue to scale-up, not scale-down our immunization services through primary health care and universal health coverage so that everyone, everywhere has access to life-saving vaccines by 2030. #VaccinesWork for All.

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**[Over 13 million children did not receive any vaccines at all even before COVID-19 disrupted global immunization – UNICEF](#)**

NEW YORK, 25 April 2020 – As the world waits desperately for a vaccine, the COVID-19 pandemic is continuing to surge across the globe. Millions of children are in danger of missing life-saving vaccines against measles, diphtheria and polio due to disruptions in immunization services. At last count, [most countries](#) had suspended mass polio campaigns and 25 countries had postponed mass measles campaigns, as per [recommended guidance](#).

Even before the COVID-19 pandemic, measles, polio and other vaccines were out of reach for 20 million children below the age of one every year. Over 13 million children below the age of one globally did not receive any vaccines at all in 2018, many of whom live in countries with weak health systems. Given the current disruptions, this could create pathways to disastrous outbreaks in 2020 and well beyond.

"The stakes have never been higher. As COVID-19 continues to spread globally, our life-saving work to provide children with vaccines is critical," said Robin Nandy, UNICEF Principal Adviser and Chief of Immunization. "With disruptions in immunization services due to the COVID-19 pandemic, the fates of millions of young lives hang in the balance."

An estimated 182 million children missed out on the first dose of the measles vaccine between 2010 and 2018, or 20.3 million children a year on average, according to a UNICEF analysis. This



is because the global coverage of the first dose of measles stands only at 86 per cent, well below the 95 per cent needed to prevent measles outbreaks.

Widening pockets of unvaccinated children led to alarming measles outbreaks in 2019, including in high-income countries like the US, UK and France.

Among low-income countries, the gaps in measles coverage before COVID-19 were already alarming. Between 2010 and 2018, Ethiopia had the highest number of children under one year of age who missed out on the first dose of measles, at nearly 10.9 million. It was followed by the Democratic Republic of the Congo (6.2 million), Afghanistan (3.8 million), Chad, Madagascar and Uganda with about 2.7 million each.

Beyond measles, the immunization gaps were already quite dire, according to [new regional profiles](#) developed by UNICEF. In Africa, more children have missed out on vaccines over the past years due to rising number of births and a stagnation in immunization services. For example, in West and Central Africa, coverage has stagnated at 70 per cent for DTP3 – which is the lowest among all regions – at 70 per cent for polio, and at 71 per cent for measles. This has led to repeated outbreaks of measles and polio in countries such as the Democratic Republic of the Congo. Meanwhile, in South Asia, an estimated 3.2 million children did not receive any vaccines in 2018. In Eastern and Southern Africa, the number of unvaccinated children has remained almost the same for the last decade, at around 2 million. All regions are now also battling COVID-19 outbreaks.

UNICEF is sending critical vaccine supplies to immunize children, where possible, in areas with outbreaks and to replenish their routine supplies. In the [Democratic Republic of the Congo](#), for example, UNICEF is supporting the Government with vaccine supplies and protective equipment to continue immunization activities in North Kivu province, where over 3,000 cases of measles were reported since January 1. And [in Uganda](#), UNICEF procured 3,842,000 doses of bivalent oral polio vaccine (bOPV) to immunize 900,000 children below the age of one year. Children receive three doses of the polio vaccine before they celebrate their first birthday.

As the world races to develop and test a new COVID-19 vaccine, UNICEF and partners in the [Measles & Rubella Initiative](#) and [Gavi, the Vaccine Alliance](#) are calling on governments and donors to:

- :: Sustain immunization services while keeping health workers and communities safe;
- :: Start planning to ramp up vaccinations for every missed child when the pandemic ends;
- : Fully replenish Gavi, as the alliance supports immunization programmes in the future;
- :: Ensure that when the COVID-19 vaccine is available, it reaches those most in need.

“Children missing out now on vaccines must not go their whole lives without protection from disease,” said Dr. Seth Berkley, CEO, Gavi, the Vaccine Alliance “The legacy of COVID-19 must not include the global resurgence of other killers like measles and polio.”

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**Statement – Vaccination must be maintained during COVID-19 pandemic to be effective**

*Statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe, on the occasion of European Immunization Week 2020*

20 April 2020, Copenhagen, Denmark

We are living through an exceptional time, when every one of us has been called upon to prevent the spread of COVID-19. The COVID-19 situation in the European Region remains very concerning.

I want to take the opportunity of European Immunization Week to reiterate that we must not, especially now, let down our guard on immunizations. Access to vaccines for all has transformed our societies, but it is a public good that must be maintained to be effective, even in difficult times. Our overstretched health systems cannot bear any outbreaks of vaccine-preventable diseases.

The health and/or economic consequences of this pandemic are affecting everyone. The most vulnerable, who are often left behind by immunization services, should not suffer the added burden of vaccine-preventable diseases.

Measles affected over 100 000 young and old in this Region last year. This virus has not gone. It will resurge again if we do not do everything in our power to stop it.

As 1 of my 4 flagship areas, prioritizing immunization is central to WHO/Europe's vision for health in the new European Programme of Work. Immunization is crucial to achieving universal health care and the Sustainable Development Goals, as well as being a vital component of our society that assures health security across the Region.

I therefore take this opportunity to also commend all the ministries of health in this Region for heeding our call and doing everything possible to prioritize routine immunization as part of essential health services during this pandemic. And I thank our tireless health-care professionals, dedicated to leaving no one behind in providing health care and delivering vaccination services.

Vaccination is a right and a responsibility, and it is up to all of us to ensure that we are protected together.

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## **COVID-19 R&D**

### **[NIAID strategic plan details COVID-19 research priorities](#)**

April 23, 2020 —

Urgent public health measures are needed to control the spread of the novel coronavirus (SARS-CoV-2) and the disease it causes, coronavirus disease 2019, or COVID-19. Scientific research to improve our understanding of the virus and how it causes disease, and to develop strategies to mitigate illness and death, is of paramount importance. A new strategic plan from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes

of Health, details the institute's plan for accelerating research to diagnose, prevent and treat COVID-19.

**The NIAID Strategic Plan for COVID-19 Research has four key priorities. The first involves improving fundamental knowledge of SARS-CoV-2 and COVID-19**, including studies to characterize the virus and better understand how it causes infection and disease. This research includes natural history, transmission and surveillance studies to determine why some individuals experience mild symptoms of infection while others become critically ill. The role of asymptomatic individuals in viral spread and the potential seasonality of viral circulation also need to be explored, according to the report. Additionally, small and large animal models that can recapitulate COVID-19 disease seen in humans must be developed.

**NIAID's second research priority is the development of rapid, accurate diagnostics and assays to identify and isolate COVID-19 cases and track the spread of the virus.** Molecular assays can detect low levels of SARS-CoV-2 and differentiate it from other related viruses. Researchers will work to improve the speed and accuracy of these diagnostic assays to mitigate the spread of the disease during the current outbreak and any future ones. Additionally, new and improved serologic assays to detect antibodies to the virus must be developed to enhance surveillance efforts and identify individuals who may have resolved a previous COVID-19 infection.

**The third research priority is characterizing and testing potential treatments for COVID-19.** These efforts will include identifying and evaluating drugs already approved for other conditions that could be repurposed to treat COVID-19 and testing novel broad-spectrum antivirals, such as [remdesivir](#); virus-targeted antibody-based therapies; monoclonal antibodies; and host-directed strategies to target an individual's immune response to the virus. To optimize findings during the pandemic, multiple clinical trials will be conducted in parallel among various patient populations, including hospitalized people and outpatients.

**NIAID's fourth research priority is to develop safe and effective vaccines** to protect individuals from infection and prevent future SARS-CoV-2 outbreaks. NIAID researchers and their collaborators are adapting vaccine candidates and approaches previously employed to address the related Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) coronaviruses and applied them to the current pandemic. For example, NIAID recently launched a [Phase 1 clinical trial using a vaccine platform initially developed to target MERS](#). NIAID will use its broad clinical trial infrastructure to advance experimental vaccines through Phase 1 safety and dosing testing and simultaneously plan for advanced clinical testing of the most promising candidates. The institute will work with government partners to ensure that any safe and effective vaccine will be manufactured in sufficient quantities to allow expedient distribution to those at highest risk for infection.

To achieve its four priorities, NIAID will build on its current resources, research programs, clinical trials networks and collaborations with other U.S. government agencies and other key U.S. and global partners. The new strategic plan aligns with priorities set by the White House Coronavirus Task Force and represents a comprehensive and coordinated effort to develop effective biomedical tools to combat COVID-19.

Publication: [NIAID Strategic Plan for COVID-19 Research](#)



## **[IFPMA Statement on the launch of a new global collaboration to accelerate the development, production and equitable access to new COVID-19 tools](#)**

Geneva, 24 April 2020

*Statement delivered by: Thomas Cueni, Director General, IFPMA*

The biopharmaceutical industry is acutely aware of the enormous responsibility we have to patients and society to engage in unprecedented levels of collaboration to find a solution to COVID-19. We stand ready to bring to this [partnership](#) our unique knowledge and expertise in the discovery and development of medicines and vaccines, as well as our experience building manufacturing capacity and distribution networks. Today, scientists in the public and private sector hold the keys to our common goal: The swift end of the COVID-19 pandemic. We are proud to be part of this landmark global partnership and are fully committed to its goal to accelerate development, production and equitable global access to safe, quality, effective, and affordable COVID-19 therapeutics and vaccines. In the fight against COVID-19, we must ensure that no one is left behind. We will only succeed in this journey together.

## **[Pharma industry body joins as founding partner a new global collaboration to accelerate the development,](#)**

Geneva, April 24, 2020: The world's leading biopharmaceutical companies proclaimed their commitment to a [landmark global partnership](#) launched today and designed to accelerate the development and production of safe, effective and affordable therapeutics and vaccines available for all in a way that ensures nobody is left behind in the fight against COVID-19. The International Federation of Pharmaceutical Manufacturers & Associations ([IFPMA](#)), the body representing the innovative biopharmaceutical industry in Geneva, will join the global collaboration as a Founding Partner to represent industry.

The industry has been working flat-out to marshal its unique expertise to find a durable solution to the spread of COVID-19 and stands ready to scale up its work on an even more unprecedented scale in line with its previously expressed [commitments](#). By joining the global collaboration, the innovative biopharmaceutical industry can work on an equal footing with all stakeholders to help speed up the development of safe and effective therapeutics and vaccines, share tools and insights to test potential therapies and vaccines, increase manufacturing capabilities and share available capacities and share real-time clinical trial data with governments and other companies around the world.

This collaboration is aligned with the innovative biopharmaceutical companies' strong sense of responsibility to act together as well as in partnership with all stakeholders but also their determination to play the greatest possible role in the global response to the COVID-19 pandemic. The biopharmaceutical industry holds the key to finding lasting and equitable solutions through new therapeutics and vaccines. Industry welcomes today's acknowledgment of the critical role of the private sector in this fight..



## **[IFPMA Backgrounder - COVID-19](#)**

24 April 2020

*[Editor's Note:*

*IFPMA has re-organized its recurring "Backgrounder" providing an inventory of company initiatives involving development of vaccines, treatments and diagnostics under the categories below. Each category inventories company by company activity and we provide detail on vaccine-related activity. We recognize that some of the text may sound promotional.]*

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### **REPURPOSE EXISTING & TEST OF NEW TREATMENTS**

As of 14 April 2020, the WHO's landscape analysis of potential treatments for COVID-19 contains 133 therapeutics. Further, the WHO Solidarity Trial has brought together over 100 countries working together to find effective therapeutics for COVID-19 as fast as possible. IFPMA members have also been reviewing their drug portfolios, which involves scientists searching for potentially useful assets that could help with the development of new or repurposed treatments to fight against the novel coronavirus.

### **SHARE REAL-TIME CLINICAL TRIAL DATA WITH GOVERNMENTS & OTHER COMPANIES**

The rapid virus sequencing by the scientific community enabled researchers to characterize and begin to understand the new threat posed by COVID-19. "Open Access" data-sharing channels are the backbone to securing a response capacity and have proven their worth with influenza networks. The rapid pace with which researchers have been able to understand this novel strain of virus and get medicines into human clinical trials is a testament to the lessons learned from past public health emergencies. The Global Initiative on Sharing All Influenza Data or GISAID Initiative, an open access platform partly funded by the private sector, played a critical role in sharing the first genome sequences of the novel coronavirus and centralizing their collection. This has proven vital in speeding up the sharing of information among scientists as well as public health authorities. But there is still a lot to learn about the virus, both in terms of how it spreads as well as what existing treatments may be effective in helping patients who contract the disease.

### **SPEED UP R&D OF SAFE & EFFECTIVE VACCINES**

As of 23 April 2020, the WHO reports there are currently 6 candidate vaccines in clinical evaluation and 77 candidate vaccines in preclinical evaluation. Several biopharmaceutical companies are researching vaccine candidates for the prevention of COVID-19 and collaborating in the sharing of existing technologies that can be leveraged to allow a rapid upscale of production once a vaccine candidate is identified. IFPMA members are also sharing technologies that act as an adjuvant which can boost the effectiveness of a potential vaccine. Experts are hoping it will take as little as 12 to 18 months before there is a vaccine available. This is a best-case estimate that assumes one or two of the first few vaccines that enter development and complete three phases of clinical trials will be successful. Typically, only approximately one in ten experimental vaccines make it all the way through to regulatory approval. Therefore, the more companies taking different approaches to find a vaccine, the greater the chance of success.

**CSL/ Seqirus** provides scientific and technical expertise together with its established MF59® adjuvant technology to the University of Queensland in Australia to fast-track R&D of their CEPI-funded COVID-19 vaccine candidate, which uses novel molecular-clamp technology **GSK** is partnering with Chinese biotech company Clover Biopharmaceuticals, providing it with its proprietary adjuvants which enhance the effectiveness of vaccines.

**GSK** is also collaborating with CEPI to help the global effort to develop a vaccine for the novel coronavirus. GSK is making its adjuvant technology available to support rapid development of candidate vaccines and is working with The University of Queensland, Australia.

**GSK** is collaborating with Inovax and Xiamen University, developing and testing a recombinant protein-based coronavirus vaccine candidate.

By mid-March, GSK further expanded collaborations to five partner companies and research groups across the world, including in the USA and China.

**GSK** entered into a collaboration with Sanofi to develop an adjuvanted vaccine for COVID-19, using innovative technologies from both companies. The vaccine would be ready to begin testing in humans in the second half of 2020.

**Johnson & Johnson** expanded its collaboration with the Biomedical Advanced Research and Development Authority (BARDA) and established a new collaboration with Beth Israel Deaconess Medical Center (BIDMC).

**Johnson & Johnson** and partners announced the selection of a lead COVID-19 vaccine candidate from constructs it has been working on since January 2020. It is planning to rapidly scale up its manufacturing capacity with the goal of providing global supply of more than one billion doses.

**Pfizer and BioNTech** have entered into a partnership to jointly develop BioNTech's mRNA-based vaccine candidate BNT162 to prevent COVID-19 infection. The two companies plan to jointly conduct clinical trials initially in the United States and Europe across multiple sites by the end of April 2020. On April 22, the German regulatory authority, the Paul-Ehrlich-Institut, has approved the Phase 1/2 clinical trial for BioNTech's BNT162 vaccine program to prevent COVID-19 infection

**Sanofi** announced a collaboration with the Biomedical Advanced Research and Development Authority (BARDA) to advance a novel COVID-19 vaccine candidate. Work is underway to leverage previous development efforts of a SARS vaccine candidate using Sanofi's recombinant DNA technology.

**Sanofi, and Translate Bio**, a clinical-stage messenger RNA (mRNA) therapeutics company, will collaborate to develop a novel mRNA vaccine for COVID-19. This collaboration leverages an existing agreement from 2018 between the two companies to develop mRNA vaccines for infectious diseases.

**Sanofi joined forces with GSK**, sharing innovative technologies from both companies. For more details see GSK.

**Shionogi's subsidiary UMN Pharma Inc.** is pursuing the discovery and development of a recombinant protein vaccine in a project supported by the Japan Agency for Medical Research and Development (AMED).

**UCB** is collaborating with The University of Oxford on a vaccine development.

## **DEVELOP DIAGNOSTIC TESTING & SECURE CONTINUOUS SUPPLY**

Rolling out diagnostics to detect whether patients are genuinely infected with the new coronavirus is a key step in preventing or slowing its spread. However, the rapid spread of COVID-19 has drastically increased the demand for testing kits around the world and governments are trying to ramp up their testing capacities. The biopharmaceutical industry is therefore pushing the boundaries, uniting and collaborating to increase and secure the production and development of diagnostics for COVID-19.

## **SECURE ESSENTIAL SUPPLIES FOR MEDICINES & VACCINES**

IFPMA and its member companies are monitoring the impact the SARS-CoV2 outbreak and measures put in place by governments to prevent the spread of the virus (e.g. restrictions on travel, movement, border closures or measures on supply chain). Member companies are committed to ensure the continued supply of essential supplies for medicines and vaccines, for patients that suffer from chronic illnesses or other health conditions. Member companies are not aware of any near-term impacts on the availability of medicines and vaccines. They are continuously monitoring and proactively handling the situation as it develops and do currently not expect any long-term impact on the availability of medicines and vaccines, unless any disruption caused by the pandemic is sustained over the next several months. Biopharmaceutical companies are working to prevent and mitigate any shortages through close coordination with national regulatory authorities and other global stakeholders, including the World Health Organization.

**AbbVie** is not anticipating disruption to the medicine supply for HIV patients as a result of the investigation of the effectiveness of HIV medicines against COVID-19.

**Almirall** will continue production of all its essential products and has increased production of specific medicines, such as paracetamol.

**Bayer** is continuing the production of medicines and health care products at their plant in Garbagnate, Italy for both the Italian and global market.

**Biogen** take the vital role they play in ensuring an uninterrupted supply of their medicines to patients very seriously. It does not anticipate any interruptions but cannot exclude the possibility that COVID-19 might have an impact on manufacturing capabilities in the future.

**Boehringer Ingelheim** ensures further discovery, development, production and supply of highly innovative medicines that are needed by patients around the globe.

Clinical and commercial supply chain teams at **Bristol Myers Squibb** have proactively made sure raw materials and products reach their markets and clinical sites. It has not seen any disruption in its clinical or commercial supply chain due to the pandemic.

**Chiesi Group** will continue the production of all medicines without interruption at sites in Italy and abroad at the same high-quality standards. Currently, it is able to deliver medicines under normal production and distribution channels from all production plants in Italy, Brazil and France.

**Seqirus** has enacted its business continuity plans across the globe to minimise disruption to the manufacture and on-time supply of its influenza vaccines.

**Daiichi-Sankyo** announced it has not any shortage of its medicines. Its Supply Chain team is monitoring the evolving situation very carefully to maintain supply and delivery of these medicines.

**Eisai** maintains necessary stocks for the stable supply of medicines in addition to the stable production of medicines.

**Eli Lilly** launched the Lilly Insulin Value Program in the US allowing anyone with commercial insurance and those without insurance to fill their monthly prescription of Lilly insulin for \$35.

**Grünenthal** is not experiencing any significant supply shortages. If their team detects any severe supply shortages that might potentially disrupt the supply of their products, affected partners will be informed as soon as possible.

**Ipsen** is closely working with national and international suppliers to monitor the provision of goods and services, with the goal of continuing operations as seamlessly as possible. It does not anticipate any supply shortages.

**LEO Pharma** has activated business continuity plans to uninterruptedly supply patients with the medicines they need. LEO Pharma is taking additional measures to avoid any shortages of medicines or raw materials and to mitigate any interruptions.

**Lundbeck** has been extremely busy with taking precautions to provide treatments to the millions of people relying on them. Its supply chain remains intact and it has not experienced any supply disruptions.

**Merck** will continue to ensure access to Merck medicines at no cost for eligible patients (who have lost their jobs and health insurance coverage due to the pandemic) through its Merck Patient Assistance Program. Merck will also be making changes to other U.S. access and assistance programs due to the COVID-19 pandemic, including a temporary \$0 co-pay for certain products for eligible privately insured patients who are enrolled in the Merck Access Program.

**Merck and The Jenner Institute** announced they have laid the foundation for large-scale production of The Jenner Institute's COVID-19 vaccine candidate, ChAdOx1 nCoV-19. Their joint team reduced process development time to two months from a year.

**Novartis** will continue to deliver their medicines to patients around the world and does not anticipate supply chain disruptions at this time.

**Sandoz**, the Novartis generics and biosimilars division, is maintaining prices on a basket of essential medicines that may help in the treatment of COVID-19.

**Novartis** encourages industry, governments and international institutions to work together to ensure adequate global access of medications to treat COVID-19 patients.

**Novo Nordisk** is ensuring the supply of their lifesaving medicines to people with serious chronic diseases across the globe. Novo Nordisk is applying its experience with Chinese lockdown measures around the globe to assure continuity of their supply chain

**Roche** is doing everything possible to ensure an adequate supply of their medicines. It calls upon governments to work with the industry to keep global manufacturing and supplies running by ensuring the free flow of vital goods across national borders, consider pragmatic temporary adjustments to regulations on packaging, reviews, customs etc. and to work together across governments internationally.

**Sanofi** to provide hydroxychloroquine (Plaquenil®) wherever possible and will secure appropriate supply levels of current approved indications.

**Servier** puts its best efforts forward to ensure the continuity of its production in order for its medicines to remain available to patients who rely on them. It therefore brings its expertise to the multi-stakeholder partnership "Health Innovation Coalition – Health Crisis" in France.

**Teva** is prepared for various scenarios and has inventory and redundancy plans in place to address potential shortfalls, if necessary. The supply chain for their key products, brand, generics and APIs remains largely uninterrupted with adequate inventory of products.

### **INCREASE & SHARE MANUFACTURING CAPACITY FOR MEDICINES & VACCINES**

Biopharmaceutical companies are part of a wider research community which is collaborating to fast-track the development of therapeutics and new vaccines. Collaborating in this way could speed up development of resources to tackle this outbreak. It creates networks of centres of excellence that can deliver a real impact and a preparedness infrastructure which can be mobilized for future outbreaks. While there are still many unknowns about the virus, companies are entering in partnerships to scale-up production capacity.

**Eli Lilly and AbCellera** collaborate on AbCellera's rapid pandemic response platform, developed under the DARPA Pandemic Prevention Platform Program, and Lilly's global capabilities for rapid development, manufacturing and distribution of therapeutic antibodies. Under **GSK and Sanofi vaccine development collaboration**, both companies commit to create and supply sufficient quantities of vaccines that will help stop this virus. Both companies



bring significant manufacturing capacity, and, if successful, we will be able to make hundreds of millions of doses annually by the end of next year.

**Gilead** has accelerated manufacturing of remdesivir at risk, in anticipation of potential future supply needs.

**Johnson & Johnson** announced plans to scale up its global manufacturing capacity with a goal of providing 1 billion doses of a safe and effective vaccine globally for emergency pandemic use on a not-for-profit basis.

**Pfizer and BioNTech** are jointly developing a COVID-19 vaccine, to be produced initially in the US and Europe. Manufacturing capacity will be scaled-up to support global supply. Pfizer will contribute its leading global vaccine clinical R&D, regulatory, manufacturing and distribution infrastructure and capabilities.

**Pfizer** is committed to use any excess manufacturing capacity and to potentially shift production to support others in rapidly getting life-saving breakthroughs into the hands of patients as quickly as possible.

**Sanofi** increased production capacity of hydroxychloroquine (Plaquenil®) by 50% and is on track to further increase production over the coming months.

Under Sanofi and GSK vaccine development collaboration, both companies commit to create and supply sufficient quantities of vaccines that will help stop this virus. See GSK for more details.

**Teva** is assessing additional production of hydroxychloroquine sulfate tablets with materials that are being sent to Teva from its ingredient supplier.

**Teva's global manufacturing network** has been working tirelessly on securing and scaling production of both API and finished doses for potential treatments that may prove essential in treating COVID-19 everywhere Teva does business. UCB is assuring a reliable supply of medicines in every market it has a commercial presence in. It has not experienced shortages for any of our products due to this epidemic.

## **SUPPORT GLOBAL HEALTHCARE SYSTEMS**

IFPMA member companies are committed to support health care system capacities and protect health care workers, particularly in the most hard-hit countries and vulnerable countries which are ill prepared to cope with an accelerating outbreak of COVID-19. When the novel coronavirus first emerged in Wuhan, China, IFPMA and its member companies started working with their teams on the ground, and with the Chinese authorities to ensure people can get access to necessary health care services. Given the spread of the virus to other regions across the world, IFPMA member companies have stepped up these efforts and are donating personal protective equipment and financial resources to ease the burden on health care systems. Company employees are also volunteering in community efforts to relieve the burden on healthcare systems.

## **FACTS & FIGURES**

:: Number of IFPMA member companies involved in R&D for COVID-19 therapeutics, vaccines and diagnostics: at least 20 of IFPMA member companies are involved in COVID-19 focused R&D efforts

:: Number of clinical trials initiated/ supported by IFPMA member companies: 25 clinical trials evaluating the effectiveness of therapeutics for COVID-19

:: Average number of people enrolled in clinical trials by IFPMA members: On average with 350 participants (except the large-scale Gilead trials + Teva trial which all have above 1000 participants)

:: Value of monetary donations from IFPMA member companies: stands at least at \$614 million to date

:: Value of non-monetary donations, such as medicines, personal protective equipment: stands at least at \$38 million to date

:: Units of non-monetary donations, such as medicines, personal protective equipment: 25 million units of medicines, face masks, gloves, disinfectants, and the like

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## **PhRMA: New report shows nearly 260 vaccines in development, including dozens for COVID-19**

Andrew Powaleny | April 23, 2020

...Today, biopharmaceutical companies are working with stakeholders across the research and development (R&D) ecosystem to develop new ways of preventing and treating illnesses with innovative vaccines. According to a [new report](#), there are currently 258 vaccines in development for the treatment or prevention of disease.

Among the vaccines in development are:

:: **108 vaccines for cancer**, including a therapeutic vaccine for non-small cell lung cancer, which uses messenger RNA to mobilize the patient's own immune system to fight the tumor(s)

:: **125 vaccines for infectious diseases**, including a vaccine designed to prevent HIV infection by teaching a patient's immune system to recognize and effectively fight the virus

:: **14 vaccines for allergies**, including vaccines that target peanut allergies

:: **2 vaccines for Alzheimer's disease**, including one therapeutic vaccine that targets amyloid beta protein, which is linked to the development of the neurological disorder

Additionally, numerous different types of potential vaccines are in development that target COVID-19. Researchers are working around the clock amidst the global pandemic to develop safe, effective and affordable vaccines that will prevent both individual infection and the continued spread of the virus. As of April 15, 2020:

:: **There are more than 70 vaccines for COVID-19** in the global research pipeline.

:: **And six vaccines for COVID-19 have entered human clinical trials** with many planning to begin human trials this year...

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## **EMERGENCIES**

### **Coronavirus [COVID-19]**

*Public Health Emergency of International Concern (PHEIC)*

#### ***Editor's Note:***

We certainly recognize the velocity of global developments in the COVID-19 pandemic. While we have concentrated the most current key reports just below, COVID-19 announcements, analysis and commentary will be found throughout this issue, in all sections.

Beyond the considerable continuing coverage in the global general media, the WHO's authoritative guidance is available here:

:: **Daily WHO situation reports** here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

:: **WHO Coronavirus disease (COVID-2019) daily press briefings** here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings>

### [Situation report - 96](#) [WHO]

Novel Coronavirus (COVID-19)

25 April 2020

*[Excerpts]*

#### **SITUATION IN NUMBERS**

##### **Globally**

2 719 897 confirmed (93 716)

187 705 deaths (5767)

##### **European Region**

1 314 666 confirmed (30 450)

119 463 deaths (2940)

##### **Region of the Americas**

1 047 508 confirmed (52 138)

53 103 deaths (2520)

##### **Eastern Mediterranean Region**

154 971 confirmed (5676)

6750 deaths (142)

##### **Western Pacific Region**

141 470 confirmed (1688)

5906 deaths (37)

##### **South-East Asia Region**

41 073 confirmed (2501)

1658 deaths (104)

##### **African Region**

19 497 confirmed (1263)

812 deaths (24)

#### **WHO RISK ASSESSMENT**

**Global Level – Very High**

#### **HIGHLIGHTS**

:: WHO, together with heads of state, global health leaders, private sector partners and other stakeholders launched the Access To COVID-19 Tools (ACT) Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics,

therapeutics and vaccines. More information including the WHO Director General's opening remarks, full list of participants, and the group's statement, are available.

:: Although some governments have suggested that the detection of antibodies to SARS-CoV-2, the virus that causes COVID-19, could serve as the basis for an "immunity passport" or "risk-free certificate", there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection. More information is available here.

:: WHO has seen a dramatic increase in the number of cyber-attacks directed at its staff, and email scams targeting the public. WHO asks the public to remain vigilant against fraudulent emails and recommends using reliable sources to obtain factual information about COVID-19 and other health issues. More information is available here.

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### **"Immunity passports" in the context of COVID-19**

WHO *Scientific Briefs*

24 April 2020

WHO has published guidance on adjusting public health and social measures for the next phase of the COVID-19 response.<sup>1</sup> **Some governments have suggested that the detection of antibodies to the SARS-CoV-2, the virus that causes COVID-19, could serve as the basis for an "immunity passport" or "risk-free certificate" that would enable individuals to travel or to return to work assuming that they are protected against re-infection. There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.**

#### *The measurement of antibodies specific to COVID-19*

The development of immunity to a pathogen through natural infection is a multi-step process that typically takes place over 1-2 weeks. The body responds to a viral infection immediately with a non-specific innate response in which macrophages, neutrophils, and dendritic cells slow the progress of virus and may even prevent it from causing symptoms. This non-specific response is followed by an adaptive response where the body makes antibodies that specifically bind to the virus. These antibodies are proteins called immunoglobulins. The body also makes T-cells that recognize and eliminate other cells infected with the virus. This is called cellular immunity. This combined adaptive response may clear the virus from the body, and if the response is strong enough, may prevent progression to severe illness or re-infection by the same virus. This process is often measured by the presence of antibodies in blood.

WHO continues to review the evidence on antibody responses to SARS-CoV-2 infection.<sup>2-17</sup> Most of these studies show that people who have recovered from infection have antibodies to the virus. However, some of these people have very low levels of neutralizing antibodies in their blood,<sup>4</sup> suggesting that cellular immunity may also be critical for recovery. **As of 24 April 2020, no study has evaluated whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans.**

Laboratory tests that detect antibodies to SARS-CoV-2 in people, including rapid immunodiagnostic tests, need further validation to determine their accuracy and reliability. Inaccurate immunodiagnostic tests may falsely categorize people in two ways. The first is that

they may falsely label people who have been infected as negative, and the second is that people who have not been infected are falsely labelled as positive. Both errors have serious consequences and will affect control efforts. These tests also need to accurately distinguish between past infections from SARS-CoV-2 and those caused by the known set of six human coronaviruses. Four of these viruses cause the common cold and circulate widely. The remaining two are the viruses that cause Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome. People infected by any one of these viruses may produce antibodies that cross-react with antibodies produced in response to infection with SARS-CoV-2.

Many countries are now testing for SARS-CoV-2 antibodies at the population level or in specific groups, such as health workers, close contacts of known cases, or within households.<sup>21</sup> WHO supports these studies, as they are critical for understanding the extent of – and risk factors associated with – infection. These studies will provide data on the percentage of people with detectable COVID-19 antibodies, but most are not designed to determine whether those people are immune to secondary infections.

#### *Other considerations*

**At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.”** People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission. As new evidence becomes available, WHO will update this scientific brief.

*Citations/References at title link above*

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## **Emergencies**

### **Ebola – DRC+**

*Public Health Emergency of International Concern (PHEIC)*

### **Ebola Outbreak in DRC 89: 21 April 2020**

*[Excerpts]*

#### ***Situation Update***

**From 13 to 19 April 2020, four new confirmed cases of Ebola virus disease (EVD) were reported** in the Democratic Republic of the Congo, all from Beni Health Zone in North Kivu Province. Three out of four cases were registered as contacts, though none were regularly followed by the response team because of insecurity and ongoing challenges with community reticence.

**In total, six cases have been reported since 10 April**, four of whom have passed away. Currently there is one confirmed case receiving care at an Ebola treatment centre and one who remains in the community; response teams are engaging with the community in order to address this.

Prior to the emergence of this cluster in Beni, the last person confirmed to have EVD tested negative twice and was discharged from a treatment centre on 3 March 2020...

...An urgent injection of US\$ 20 million is required to ensure that response teams have the capacity to maintain the appropriate level of operations through to the beginning of May 2020.

### **...Conclusion**

The new confirmed cases identified 40 days after the last person tested negative and was discharged from care are not unexpected. The [WHO recommended criteria for declaring the end of the EVD outbreak](#) includes a 42-day waiting period because undetected chains of transmission or new flare-ups may arise. Findings from the genetic sequencing analysis will be critical to inform the investigation of the source of infection of the new cases and to help detect any missed cases in the chain of transmission that led to the current cluster in Beni Health Zone. It is essential to remain vigilant and maintain appropriate levels of surveillance to rapidly detect and respond to relapse, re-introduction or new emergence events, to implement effective control measures, as well as continue to engage community leaders to address or mitigate community mistrust in affected areas.

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### **Emergencies**

#### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

#### **Polio this week as of 22 April 2020**

:: The polio eradication programme is making an important contribution to the COVID-19 response across different regions in the world. In a candid statement, Dr. Ahmed Al-Mandhari, Regional Director, WHO EMRO, highlights the programme's activities in fighting the pandemic in the region. [Read more...](#)

#### ***Summary of new viruses this week (AFP cases and ES positives):***

:: **Afghanistan:** one WPV1 case

:: **Pakistan:** two WPV1 cases, eight WPV1 positive environmental samples and seven cVDPV2 cases

:: **Cameroon:** two cVDPV2 cases and one cVDPV2 positive environmental sample

:: **Chad:** six cVDPV2 cases and two cVDPV2 positive environmental samples

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#### **Breakthrough in the Global Battle Against Polio: AJ Vaccines Granted WHO Prequalification for New Polio Vaccine**

*International vaccine manufacturer, AJ Vaccines has received WHO prequalification for Picovax®, the first stand-alone dose sparing Inactivated Polio Vaccine (IPV) on 21st April 2020. First deliveries to UN agencies such as UNICEF and PAHO are expected by mid-2020*

April 21, 2020 COPENHAGEN, Denmark--(BUSINESS WIRE)--Despite ongoing concerted efforts to eradicate polio, it appears to be on the rise again with more cases registered in 2019 than 2018. Looking ahead, [AJ Vaccines'](#) dose sparing technology provides a significant opportunity to expand supply, with the potential to deliver up to 100 million doses over the five-year period 2020-2024 to help meet the currently unmet global demand for inactivated polio vaccines...

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**WHO Grade 3 Emergencies** [to 25 Apr 2020]

**Democratic Republic of the Congo**

:: Ebola Outbreak in DRC 89: 21 April 2020

*[See Ebola above for detail]*

Nigeria - *No new digest announcements identified*

Somalia - *No new digest announcements identified*

South Sudan - *No new digest announcements identified*

Syrian Arab Republic - *No new digest announcements identified*

Yemen - *No new digest announcements identified*

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**WHO Grade 2 Emergencies** [to 25 Apr 2020]

**Burkina Faso [in French]**

:: Riposte contre la pandémie du Covid-19 : La Chine vole au secours du Burkina Faso

25 avril 2020

**Niger**

:: Le Niger signale une nouvelle épidémie de polio 24 avril 2020

Angola - *No new digest announcements identified*

Afghanistan - *No new digest announcements identified*

Burundi - *No new digest announcements identified*

Cameroon - *No new digest announcements identified*

Central African Republic - *No new digest announcements identified*

Ethiopia - *No new digest announcements identified*

Iran - *No new digest announcements identified*

Iraq - *No new digest announcements identified*

Libya - *No new digest announcements identified*

Malawi - *No new digest announcements identified*

Measles in Europe - *No new digest announcements identified*

MERS-CoV - *No new digest announcements identified*

Myanmar - *No new digest announcements identified*

occupied Palestinian territory - *No new digest announcements identified*

Sudan - *No new digest announcements identified*

Ukraine - *No new digest announcements identified*

Zimbabwe - *No new digest announcements identified*

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**WHO Grade 1 Emergencies** [to 25 Apr 2020]

**Kenya**

:: Malaria vaccine pilot in Africa one year on: new vaccine could boost Kenya's malaria...

24 April 2020

Chad - *No new digest announcements identified*  
Djibouti - *No new digest announcements identified*  
Mali - *No new digest announcements identified*  
Namibia - viral hepatitis - *No new digest announcements identified*  
Tanzania - *No new digest 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**

:: Syrian Arab Republic: COVID-19 Update No. 07 - 25 April 2020  
:: Recent Developments in Northwest Syria Flash Update - As of 24 April 2020

#### **Yemen**

:: Yemen: Flash Floods Flash Update No. 2 (As of 23 April 2020)

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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.

#### **CYCLONE IDAI and Kenneth**

:: Zimbabwe Situation Report, 21 Apr 2020

#### *HIGHLIGHTS*

- . The first imported COVID-19 case was reported on 21 March 2020 and local transmission started on 24 March. As of 20 April, 25 COVID-19 cases were confirmed, including three deaths.
- . Despite a one-week disruption due to COVID-19 and the lockdown, nearly 3.4 million people received food or cash assistance in March.
- . The number of children treated for acute malnutrition has reduced from 952 in January to 741 in February and 354 in March.
- . Since the start of the lockdown, national GBV hotlines have recorded a call increase of over 90 per cent. The child helpline received an increase of 43 per cent in the daily calls.
- . About 43,350 people remain displaced in four camps and in host communities.

:: EBOLA OUTBREAK IN THE DRC - *No new digest announcements identified*

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### **WHO & Regional Offices** [to 25 Apr 2020]

24 April 2020 *News release*

**Global leaders unite to ensure everyone everywhere can access new vaccines, tests and treatments for COVID-19**



*[See COVID-19 above for detail]*

24 April 2020 *Statement*

**[Commitment and call to action: Global collaboration to accelerate new COVID-19 health technologies](#)**

*[See COVID-19 above for detail]*

23 April 2020 *News release*

**[WHO reports fivefold increase in cyber attacks, urges vigilance](#)**

23 April 2020 *News release*

**[Hard fought gains in immunization coverage at risk without critical health services, warns WHO](#)**

23 April 2020 *Statement*

**[WHO urges countries to move quickly to save lives from malaria in sub-Saharan Africa](#)**

20 April 2020 *Statement*

**[ITU-WHO Joint Statement: Unleashing information technology to defeat COVID-19](#)**

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**[Weekly Epidemiological Record, 24 April 2020, vol. 95, 17 \(pp. 161–172\)](#)**

Update on vaccine-derived poliovirus outbreaks – worldwide, July 2019–February 2020

Monthly report on dracunculiasis cases, March 2020

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**Call for nominations for experts to serve on a Strategic Advisory Group of Experts (SAGE) on Immunization Working Group on COVID-19 Vaccines and Vaccination**

[Terms of reference pdf, 129kb](#)

[Declaration of interests form docm, 64kb](#)

Deadline for applications: 11 May 2020

**Call for nominations for experts to serve on a Strategic Advisory Group of Experts (SAGE) Working Group on hepatitis A**

[Terms of reference pdf, 1.73Mb](#)

[Declaration of interests form docm, 64kb](#)

Deadline for applications: 15 May 2020

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

**[WHO African Region AFRO](#)**

:: [Niger reports new polio outbreak](#) 24 April 2020

Niger has reported a new polio outbreak that has affected two children in Niamey and Tillaberi region, the World Health Organization (WHO) said today.

:: [Africa Vaccination Week 2020 kicks off as COVID-19 threatens immunization gains](#) 24 April 2020

This year's Africa Vaccination Week starts today as the COVID-19 pandemic is causing significant disruption to vaccination efforts and to the surveillance of vaccine-preventable diseases on the continent.

:: [WHO urges countries not to let COVID-19 eclipse other health issues](#) 23 April 2020

Public health systems in Africa are coming under severe strain as the unprecedented COVID-19 pandemic persists. But as countries battle to bring the outbreak under control, efforts must also be maintained on other health emergencies and progress made against diseases such as malaria or polio preserved, the World Health Organization (WHO) urged today.

: [African regulatory agencies, ethics committees to expedite COVID-19 clinical trial r...](#) 20 April 2020

National regulatory authorities and national ethics committees from across Africa have agreed to combine their expertise to expedite clinical trial review and approvals for new multinational preventive, diagnostic and therapeutic interventions to the COVID-19 pandemic. However, joint reviews are based on voluntary cooperation between the national regulatory authorities and ethics committees. Each country is solely responsible for granting regulatory approval.

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

*No new digest content identified.*

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

:: 21 April 2020 *News release*

[WHO condoles death of staff in Myanmar, condemns targeting of health workers involved in COVID19 response](#)

### **WHO European Region EURO**

:: [WHO/Europe publishes considerations for gradual easing of COVID-19 measures](#) 24-04-2020

:: [Invest in the overlooked and unsung: build sustainable people-centred long-term care in the wake of COVID-19](#) 23-04-2020

:: [WHO expert mission to Belarus recommends physical distancing measures as COVID-19 virus transmits in the community](#) 21-04-2020

:: [We all look forward to the day when we can be protected from COVID-19 through a vaccine.](#)

:: [Statement by HRH The Crown Princess Mary of Denmark](#) 20-04-2020

:: [Maintaining routine immunization services vital during the COVID-19 pandemic](#) 20-04-2020

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

:: [WHO urges countries to continue lifesaving immunization services during the COVID-19 pandemic](#)

24 APRIL 2020 | Cairo – Any suspension of immunization services or hesitancy to use them during the COVID-19 pandemic will result in a resurgence of diseases that have largely been controlled thanks to safe and effective vaccines. That is the warning from WHO's Regional Office for the Eastern Mediterranean as World Immunization Week (24–30 April 2020) begins.

:: [Statement by WHO's Regional Director Dr Ahmed Al-Mandhari on Ramadan during the pandemic](#)

22 April 2020

### **WHO Western Pacific Region**

:: [Virtual press conference on COVID-19 outbreak in the Western Pacific Region: 21 April 2020](#)  
Remarks by Dr Takeshi Kasai, WHO Regional Director for the Western Pacific

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**CDC/ACIP** [to 25 Apr 2020]

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

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

*Latest News Releases*

[\*\*HHS Announces CARES Act Funding Distribution to States and Localities in Support of COVID-19 Response\*\*](#) Thursday, April 23, 2020

[\*\*Confirmation of COVID-19 in Two Pet Cats in New York\*\*](#) Wednesday, April 22, 2020

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**Africa CDC** [to 25 Apr 2020]

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

*Press Releases*

[\*\*African Union and Africa Centres for Disease Control and Prevention launch Partnership to Accelerate COVID-19 Testing: Trace, Test and Track\*\*](#)

21 April 2020

*Press Releases*

[\*\*Wellcome and DFID support Africa COVID-19 continental response with € 2.26 million\*\*](#)

21 April 2020

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**China CDC**

<http://www.chinacdc.cn/en/>

*No new digest content identified.*

**National Health Commission of the People's Republic of China**

<http://en.nhc.gov.cn/>

*News*

[\*\*April 25: Daily briefing on novel coronavirus cases in China\*\*](#)

2020-04-24

On April 23, 31 provincial-level regions on the Chinese mainland as well as the Xinjiang Production and Construction Corps reported 6 new cases of confirmed infections (2 imported cases and 4 indigenous cases, 3 in Heilongjiang province and 1 in Guangdong province), 2 new cases of suspected infections (both are imported cases in Shanghai municipality), and no deaths. 50 patients were released from hospital after being cured. 607 people who had had

close contact with infected patients were freed from medical observation. Serious cases decreased by 6...

### **Unity and cooperation are the international community's most potent weapon to overcome the pandemic**

2020-04-22

### **China to donate another 30 mln USD supporting WHO's fight against COVID-19**

2020-04-24

BEIJING -- China decided to donate another 30 million U.S. dollars to the World Health Organization (WHO) in support of global efforts to fight COVID-19 and the construction of public health systems in developing countries, a Foreign Ministry spokesperson said here on April 23.

Spokesperson Geng Shuang told a news briefing that the WHO, led by Director-General Tedros Adhanom Ghebreyesus, had actively fulfilled its duties with objective, science-based and fair position and played an important role in assisting countries in responding to the outbreak and boosting international cooperation on COVID-19.

Geng said to support the WHO is to defend the principles of multilateralism and safeguard the status and authority of the United Nations at a crucial time of the battle against the pandemic, adding that the virus is the common enemy of humankind, and the international community can only defeat it through unity and cooperation.

In March, China donated 20 million dollars to the WHO to support the global fight against COVID-19...

### **China makes achievements in vaccination work**

2020-04-22

BEIJING — China has maintained a vaccination rate of above 90 percent for vaccines under the national immunization program, according to a health official on April 21.

Currently, there are 15 vaccines provided for children for free in China, and the country has also been expanding the variety of vaccines under its immunization program, said Wang Bin, an official with the National Health Commission, at a press conference in Beijing.

Noting that people now have a deeper understanding of vaccines' function, Wang stressed that vaccination is the most effective and economical way of preventing infectious diseases...

.....  
.....

### **Announcements**

**Paul G. Allen Frontiers Group** [to 25 Apr 2020]

<https://alleninstitute.org/what-we-do/frontiers-group/news-press/>

*Press Release*

*No new digest content identified.*

**BMGF - Gates Foundation** [to 25 Apr 2020]

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

*No new digest content identified.*

**Bill & Melinda Gates Medical Research Institute** [to 25 Apr 2020]

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

*The Bill & Melinda Gates Medical Research Institute is a non-profit biotech organization. Our mission is to develop products to fight malaria, tuberculosis, and diarrheal diseases—three major causes of mortality, poverty, and inequality in developing countries. The world has unprecedented scientific tools at its disposal; now is the time to use them to save the lives of the world's poorest people*

*No new digest content identified.*

**CARB-X** [to 25 Apr 2020]

<https://carb-x.org/>

*CARB-X is a non-profit public-private partnership dedicated to accelerating antibacterial research to tackle the global rising threat of drug-resistant bacteria.*

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 25 Apr 2020]

<http://cepi.net/>

*Latest News*

**[Landmark global collaboration launched to defeat COVID-19 pandemic](#)**

Global leaders unite to launch Access to COVID-19 Tool (ACT) accelerator

COVID-19

24 Apr 2020

**[Oxford University vaccine against COVID-19 starts clinical tests](#)**

Oxford COVID-19 vaccine is the third CEPI-funded programme to enter phase 1 trials

COVID-19

23 Apr 2020

**[Saudi Arabia pledges US\\$150 million to CEPI COVID-19 response](#)**

Contribution from Saudi Arabia will help CEPI continue its rapid progress towards developing a vaccine.

COVID-19

21 Apr 2020

**Clinton Health Access Initiative, Inc. (CHAI)** [to 25 Apr 2020]

<https://clintonhealthaccess.org/>

*News & Press Releases*

*No new digest content identified.*

**EDCTP** [to 25 Apr 2020]

<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*

*Latest news*

25 April 2020

### **World Malaria Day 2020**

On World Malaria Day 2020, the fight against malaria is facing stalled progress and a disruptive pandemic while the road to malaria eradication is still long and complex. This World Malaria Day is a call to keep malaria on the...

**Emory Vaccine Center** [to 25 Apr 2020]

<http://www.vaccines.emory.edu/>

*No new digest content identified.*

**European Medicines Agency** [to 25 Apr 2020]

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

*News & Press Releases*

### **News: EU actions to support availability of medicines during COVID-19 pandemic – update #3**

[Last updated: 24/04/2020](#)

### **Press release: Reporting suspected side effects of medicines in patients with COVID-19**

[Last updated: 24/04/2020](#)

### **News: COVID-19: reminder of risk of serious side effects with chloroquine and hydroxychloroquine**

[Last updated: 23/04/2020](#)

### **News: Launch of enhanced monitoring system for availability of medicines used for treating COVID-19**

[Last updated: 21/04/2020](#)

### **News: Update to guidance on regulatory expectations in the context of COVID-19 pandemic**

[Last updated: 20/04/2020](#)

**European Vaccine Initiative** [to 25 Apr 2020]

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

*Latest News*

### **World Malaria Day 2020**

24 April 2020

EVI remains firmly committed to supporting malaria vaccine development

**FDA** [to 25 Apr 2020]

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

*Press Announcements*

**[April 24, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup April 24, 2020](#)**

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

:: Today, the FDA issued an immediately in effect guidance, Enforcement Policy for Remote Digital Pathology Devices During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency, to help expand the availability of devices for remote reviewing and reporting of scanned digital images of pathology slides during this public health emergency. Increased availability of these devices may help to facilitate continuity of patient care by preventing disruptions to critical pathology services rendered by clinical laboratories, hospitals, and other healthcare facilities, and reduce healthcare personnel contact and risk of exposure to SARS-CoV-2.

:: **Today, the FDA issued a Drug Safety Communication regarding known side effects of hydroxychloroquine and chloroquine**, including serious and potentially life-threatening heart rhythm problems, that have been reported with their use for the treatment or prevention of COVID-19, for which they are not approved by the FDA. These risks, which are in the drug labels for their approved uses, may be mitigated when health care professionals closely screen and supervise these patients such as in a hospital setting or a clinical trial, as indicated in the Emergency Use Authorization (EUA) for these drugs to treat COVID-19.

:: **The FDA and Federal Trade Commission issued a warning letter to a seller of fraudulent COVID-19 products**, as part of the agency's effort to protect consumers. The seller warned, Prefense LLC, offers unapproved and misbranded hand sanitizer products for sale in the U.S. with misleading claims that the products are safe and/or effective for the prevention and treatment of COVID-19. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.

:: **Diagnostics update to date:**

. During the COVID-19 pandemic, the FDA has worked with more than 380 test developers who have said they will be submitting emergency use authorizations (EUA) requests to FDA for tests that detect the virus.

. To date, the FDA has issued 44 individual emergency use authorizations for test kit manufacturers and laboratories. In addition, 19 authorized tests have been added to the EUA letter of authorization for high complexity molecular-based laboratory developed tests (LDTs).

. The FDA has been notified that more than 225 laboratories have begun testing under the policies set forth in our COVID-19 Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency Guidance.

. The FDA also continues to keep its COVID-19 Diagnostics FAQ up to date.

**[April 24, 2020 - Coronavirus \(COVID-19\) Update: FDA Reiterates Importance of Close Patient Supervision for 'Off-Label' Use of Antimalarial Drugs to Mitigate Known Risks, Including Heart Rhythm Problems](#)**

**Fondation Merieux** [to 25 Apr 2020]

<http://www.fondation-merieux.org/>

*News, Events*  
*No new digest content identified.*

**Gavi** [to 25 Apr 2020]

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

*Top Stories*

24 April 2020

**[Gavi and global health actors collaborate to accelerate COVID-19 technologies for all](#)**

:: Goal of new global ACT Accelerator is to make COVID-19 diagnostics, therapeutics and vaccines available to everybody that needs them as quickly as possible

:: Alongside Gavi, the other foundational groups within the collaboration are the Bill & Melinda Gates Foundation, the Coalition for Epidemic Preparedness Innovations (CEPI), The Global Fund, UNITAID, the Wellcome Trust and the World Health Organization (WHO)

:: Gavi is helping countries to tackle the pandemic and maintain life-saving immunisation programmes and is ready to contribute to the global response at all stages from development through to production and delivery

**GHIT Fund** [to 25 Apr 2020]

<https://www.ghitfund.org/newsroom/press>

*GHIT was set up in 2012 with the aim of developing new tools to tackle infectious diseases that*  
*No new digest content identified.*

**Global Fund** [to 25 Apr 2020]

<https://www.theglobalfund.org/en/news/>

*News & Stories*

**[All the More United in Our Fight Against Malaria](#)**

24 April 2020

*Updates*

**[COVID-19 Response: Monitoring Approach and Information Collection](#)**

22 April 2020

*Funding Model*

**[COVID-19 Response Mechanism Application Materials](#)**

22 April 2020

*Sourcing & Management of Health Products*

**[COVID-19 Response: Health Product Supply Update for Principal Recipients](#)**

22 April 2020

*Updates*

**[Youth Council Members](#)**

22 April 2020



**Hilleman Laboratories** [to 25 Apr 2020]

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

*No new digest content identified.*

**Human Vaccines Project** [to 25 Apr 2020]

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

*Press Releases*

**[Human Vaccines Project Launches Global Initiative to Accelerate the Development of COVID-19 Vaccines for Those Most Vulnerable](#)**

Apr 23, 2020

**IAVI** [to 25 Apr 2020]

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

*Press Releases*

April 22, 2020

**[Japan's Commitment to Contribute to the World Bank for COVID-19 Vaccine Research Sets Example and Will Advance Global Health, IAVI Says](#)**

NEW YORK – APRIL 22, 2020 – The Government of Japan announced to the World Bank/International Monetary Fund Development Committee on April 17, in partnership with the World Bank, its commitment to contribute \$10 million (USD) to IAVI's COVID-19 vaccine development program.

The announcement follows years of leadership from the Government of Japan, which has provided significant investment in HIV/AIDS vaccine research, in partnership with the World Bank, through its support of IAVI's work on the vesicular stomatitis virus (VSV) technology; this support has enabled this platform technology to now be applied to a range of pressing global health threats, including COVID-19. The World Bank has been a key partner to IAVI since the organization was founded nearly 25 years ago.

"We are deeply grateful to the Government of Japan and the World Bank for this important commitment to advance COVID-19 vaccine research," said Mark Feinberg, M.D., Ph.D., IAVI president and CEO...

**International Coalition of Medicines Regulatory Authorities [ICMRA]**

<http://www.icmra.info/drupal/en/news>

*Selected Statements, Press Releases, Research*

*No new digest content identified.*

**International Generic and Biosimilar Medicines Association [IGBA]**

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

*News*

**[ACCESS TO COVID-19 TOOLS \(ACT\) ACCELERATOR" - IGBA is Joining Forces on Global Collaboration to Overcome COVID-19](#)**

(24 April 2020)

GBA, the International Generic and Biosimilar medicines Association (IGBA), representing global manufacturers of generic and biosimilar medicines, today endorses the commitment and call to action by an initial group of global health actors, private sector partners and other stakeholders, to launch an unprecedented global and time-limited collaboration to accelerate the development, production and equitable global access to new COVID-19 essential health technologies.

### **IFFIm**

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

*Press Releases*

*No new digest content identified.*

### **IFRC** [to 25 Apr 2020]

<http://media.ifrc.org/ifrc/news/press-releases/>

*Selected Press Releases, Announcements*

*Global*

### **["COVID-19 a wake-up call to international community. Urgent need for global solidarity to prevent poverty and food insecurity around the world," says IFRC President](#)**

New York/Geneva, 24 April 2020 – Following his briefings to UN permanent missions this week, Francesco Rocca, President of the International Federation of Red Cross and Red Crescent Societies (IFRC), stressed the importance of communities coming together ...

24 April 2020

### **IVAC** [to 25 Apr 2020]

<https://www.jhsph.edu/research/centers-and-institutes/ivac/index.html>

*Updates*

*No new digest content identified.*

### **IVI** [to 25 Apr 2020]

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

*Selected IVI News & Announcements*

### **[LINE and International Vaccine Institute Team Up to Promote the Importance of Vaccination](#)**

:: LINE to offer an Official Account to IVI to promote the importance of vaccines and vaccination, as well as feature educational contents starring IVI Goodwill Ambassador Henry Lau

:: LINE FRIENDS' BT21 character IVI sticker set to be launched in the first half of the year to raise funds for child immunization initiatives

:: Together, LINE and IVI look to establish closer connections with local communities and change people's lives for the better by communicating on public health topics

April 23, 2020

**JEE Alliance** [to 25 Apr 2020]

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

*Selected News and Events*

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 25 Apr 2020]

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

*Latest [Selected Announcements]*

*Coronavirus COVID-19 pandemic*

**[Why protecting and supporting staff in care homes during COVID-...](#)**

Voices from the Field 24 Apr 2020

*Coronavirus COVID-19 pandemic*

**[Out of view, but not out of mind: MSF's response to COVID-19 in care h...](#)**

Project Update 24 Apr 2020

*Coronavirus COVID-19 pandemic*

**[Vulnerable communities in the US in urgent need of protection from COVI...](#)**

Project Update 24 Apr 2020

*Palestine*

**[Like a virus, violence spreads in the West Bank amid COVID-19](#)**

Project Update 23 Apr 2020

*DRC Ebola outbreaks*

**[New Ebola cases confirmed in DRC days before expected end of...](#)**

Project Update 23 Apr 2020

*Coronavirus COVID-19 pandemic*

**[A race against the pandemic – MSF COVID-19 crisis update](#)**

Crisis Update 23 Apr 2020

*DRC Ebola outbreaks*

**[Crisis update - April 2020](#)**

Crisis Update 23 Apr 2020

*Coronavirus COVID-19 pandemic*

**[MSF launches a COVID-19 emergency response in Timergara,...](#)**

Project Update 22 Apr 2020

*Rohingya refugee crisis*

**[Rohingya refugees left to starve at sea](#)**

Voices from the Field 22 Apr 2020

*Coronavirus COVID-19 pandemic*

**[MSF provides care to vulnerable people during COVID-19 response in ...\[Brazil\]](#)**

Project Update 22 Apr 2020

*Coronavirus COVID-19 pandemic*

**[Concerns mount over COVID-19 response in northeast Syria](#)**

Press Release 22 Apr 2020

*Burkina Faso*

**[COVID-19 will worsen access to healthcare in Burkina Faso](#)**

Project Update 21 Apr 2020

*Coronavirus COVID-19 pandemic*

**[MSF provides support to hospitals and sites in response to COVID-19 ...\[Sudan\]](#)**

Project Update 20 Apr 2020

**National Vaccine Program Office** - U.S. HHS [to 25 Apr 2020]

<https://www.hhs.gov/vaccines/about/index.html>

*NVAC 2020 Meetings*

**[June 9-10, 2020 NVAC Meeting](#)**

**[September 23-24, 2020 Meeting \(Virtual\)](#)**

**NIH** [to 25 Apr 2020]

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

*Selected News Releases*

**[NIAID strategic plan details COVID-19 research priorities](#)**

April 23, 2020 — Urgent public health measures are needed to control the spread of the novel coronavirus.

*[See COVID-19 R&D above for detail]*

**[Expert U.S. panel develops NIH treatment guidelines for COVID-19](#)**

April 21, 2020 — “Living document” expected to be updated often as new clinical data accrue.

A panel of U.S. physicians, statisticians, and other experts has developed treatment guidelines for coronavirus disease 2019 (COVID-19). These guidelines, intended for healthcare providers, are based on published and preliminary data and the clinical expertise of the panelists, many of whom are frontline clinicians caring for patients during the rapidly evolving pandemic. The guidelines are posted online ([covid19treatmentguidelines.nih.gov](https://www.nih.gov/covid19treatmentguidelines)) and will be updated often as new data are published in peer-reviewed scientific literature and other authoritative information emerges...

**PATH** [to 25 Apr 2020]

<https://www.path.org/media-center/>

*Selected Announcements*

**[PATH and partners develop and market environmental surveillance tool for polio eradication](#)**

April 23, 2020 by PATH

*Partnership ensures global access to an improved filtration system designed to detect poliovirus — and potentially COVID-19*

Seattle, Washington, USA, April 27, 2020 — This month, PATH, the University of Washington (UW), and Scientific Methods Inc. (SMI), a subsidiary of the Institute for Environmental Health Laboratories, announced the commercial launch of the bag-mediated filtration system (BMFS) to support environmental surveillance of poliovirus (PV). The innovative new system is validated for the sensitive capture and detection of PV, and the use of the system for other viruses is expected to be equally effective. The tool strengthens environmental surveillance efforts in support of the global eradication of polio and potentially in the response to the COVID-19 pandemic as the filter can capture both viruses at the same time from a sample...

**Sabin Vaccine Institute** [to 25 Apr 2020]

<http://www.sabin.org/updates/pressreleases>

*Statements and Press Releases*

*No new digest content identified.*

**UNAIDS** [to 25 Apr 2020]

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

*Selected Press Releases/Reports/Statements*

24 April 2020

**[COVID-19 responses must uphold and protect the human rights of sex workers](#)**

21 April 2020

**[Sex workers adapting to COVID-19](#)**

20 April 2020

**[Wide differences in incidence–prevalence ratio by region](#)**

**UNICEF** [to 25 Apr 2020]

<https://www.unicef.org/media/press-releases>

*Press release*

**[COVID-19: UNICEF is scaling up delivery of health and hygiene supplies across Latin America and Caribbean](#)**

25/04/2020

*Press release*

**[Over 13 million children did not receive any vaccines at all even before COVID-19 disrupted global immunization – UNICEF](#)**

Mass measles immunization campaigns suspended in 25 largely high-burden countries due to pandemic

24/04/2020

*Press release*

**[Thousands of Pacific Island children at risk in the aftermath of Tropical Cyclone Harold](#)**

24/04/2020

*Press release*

**[World's most defiantly joyful song rereleased by UNICEF](#)**

Mama Africa's smash-hit "Pata Pata" rerecorded by Angelique Kidjo to spread information and hope in a time of Coronavirus

22/04/2020

*Press release*

**[UNICEF supports the Government of the Democratic Republic of the Congo in continuing immunization in North Kivu during COVID-19](#)**

21/04/2020

*Statement*

**[UN agencies issue urgent call to fund the global emergency supply system to fight COVID-19](#)**

21/04/2020

*Press release*

**[Global Report on Food Crises reveals scope of food crises as COVID-19 poses new risks to vulnerable countries](#)**

Annual report on acute food insecurity and malnutrition published today

21/04/2020

*Statement*

**[As COVID-19 pandemic continues, forcibly displaced children need more support than ever](#)**

Joint statement by Henrietta Fore, UNICEF Executive Director, and Filippo Grandi, UN High Commissioner for Refugees

20/04/2020

*Press release*

**[UNICEF and Microsoft launch global learning platform to help address COVID-19 education crisis](#)**

As school closures in more than 190 countries force over 1.57 billion students from their classrooms, the Learning Passport aims to keep children learning

20/04/2020

**Unitaid** [to 25 Apr 2020]

<https://unitaid.org/#en>

*Featured News*

24 April 2020

**[Unitaid responds to global call to action partnership for COVID-19](#)**

24 April 2020

**[Unitaid reaffirms its commitment to confront malaria in the context of COVID-19](#)**

**Vaccination Acceptance Research Network (VARN)** [to 25 Apr 2020]

<https://vaccineacceptance.org/news.html#header1-2r>

*Announcements*

*No new digest content identified.*

**Vaccine Confidence Project** [to 25 Apr 2020]

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

*Latest News & Archive*

*No new digest content identified.*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 25 Apr 2020]

<http://www.chop.edu/centers-programs/vaccine-education-center>

April 2020

[Announcements: Updated and new info, essay contest, coronavirus Q&A webpage and archived webinar](#)

**Wellcome Trust** [to 25 Apr 2020]

<https://wellcome.ac.uk/news>

*Opinion* | 24 April 2020

[Why the world needs \\$8 billion now to get us to COVID-Zero](#)

Jeremy Farrar, Director Wellcome

Only when we have tools to detect, treat and prevent coronavirus disease everywhere, will we be able to stop the pandemic. Developing these tools requires new global partnerships and cooperation.

*[See COVID-19 Perspectives above for detail]*

*Opinion* / 24 April 2020

[Developing a vaccine for COVID-19: what can we learn from past outbreaks?](#)

by Charlie Weller

*Explainer* | 22 April 2020

[How can we develop a COVID-19 vaccine quickly?](#)

A vaccine would be an incredibly powerful tool to slow down the coronavirus pandemic. This is how vaccine development needs to change to get to a COVID-19 vaccine.

**The Wistar Institute** [to 25 Apr 2020]

<https://www.wistar.org/news/press-releases>

*Press Releases*

*No new digest content identified.*

**WFPHA: World Federation of Public Health Associations** [to 25 Apr 2020]

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

*Latest News*

## **WFPHA Press Release: Endorse The InterAction Council's Global Responsibilities and an Emergency Framework for Countries and Communities**

Friday, 24 April 2020

The World Federation of Public Health Associations (WFPHA) is pleased to endorse the InterAction Council of former heads of state and government's Global Responsibilities and an Emergency Framework for Countries and Communities.

The InterAction Council's framework aligns well with the WFPHA's guiding principles of solidarity, social justice, human rights, equity, evidenced-informed policy and practice, and the need to address the underlying socio-economic, commercial, human rights-related and political determinants of health. The WFPHA's Global Charter for the Public's Health aligns well with and supports the Framework's elements. Besides calling for strengthening the primary elements of public health (disease and injury prevention, health promotion and health protection) and health system operations and measures, the Framework recommends an all-of-society approach across all sectors for future pandemic and emergency responses.

Please read full document [here](#).

### **World Organisation for Animal Health (OIE)** [to 25 Apr 2020]

<https://www.oie.int/en/for-the-media/press-releases/2020/>

*Press Releases*

24/04/20

#### **Responding to the COVID-19 crisis: the contribution of the veterinary profession**

*In the face of the current pandemic, solidarity is key. On the occasion of World Veterinary Day, which will be held on April 25th, the OIE pays tribute to the great effort made by the veterinary profession to support the human health sector, from research to human sample testing, as well as provision of human and material resources.*

...This pandemic awakens the need for longstanding and sustainable One Health collaboration which can take many forms.

Beyond collaborative research, the animal health sector, and in particular, Veterinary Services, contribute in various ways towards building a common response to the pandemic. In many countries, veterinarians have shown their commitment to support the work of human health authorities. Veterinary laboratories have used their experience and expertise in high throughput testing capacity of infectious diseases to engage in activities such as surveillance screening, by testing human samples, thereby supporting the diagnostic capacity of human health services. Some veterinary clinics have been donating essential materials such as personal protective equipment and ventilators. Veterinary professionals have also been volunteering in hospitals and laboratories when human resources were not sufficient. In some countries, veterinary epidemiologists have been supporting their counterparts in the public health response to track the disease in humans and to support the development of effective public health interventions...

.....

### **ARM [Alliance for Regenerative Medicine]** [to 25 Apr 2020]

<https://alliancerm.org/press-releases/>

*Press Releases*

*No new digest content identified.*



**BIO** [to 25 Apr 2020]

<https://www.bio.org/press-releases>

*Press Releases*

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 25 Apr 2020]

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

*News*

**[COVID 19 Resources](#)**

**IFPMA** [to 25 Apr 2020]

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

*Selected Press Releases, Statements, Publications*

**[Pharma industry body joins as founding partner a new global collaboration to accelerate the development, production and equitable access to new COVID-19 tools](#)**

Published on: 24 April 2020

*[See COVID-19 R&D above for detail]*

**[IFPMA Backgrounder - COVID-19](#)**

24 April 2020

*[See COVID-19 R&D above for detail]*

**PhRMA** [to 25 Apr 2020]

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

*Selected Press Releases, Statements*

**[New report shows nearly 260 vaccines in development, including dozens for COVID-19](#)**

Andrew Powaleny | April 23, 2020

*[See COVID-19 R&D above for detail]*

\* \* \* \*

### ***Journal Watch***

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

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

**American Journal of Infection Control**

April 2020 Volume 48, Issue 4, p355-470

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

[Reviewed earlier]

**American Journal of Preventive Medicine**

April 2020 Volume 58, Issue 4, p473-612

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

[Reviewed earlier]

**American Journal of Public Health**

April 2020 110(4)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 102, Issue 4, April 2020

<http://www.ajtmh.org/content/journals/14761645/102/4>

[Reviewed earlier]

**Annals of Internal Medicine**

21 April 2020 Vol: 172, Issue 8

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

*Ideas and Opinions* | 21 April 2020

[Managing Emerging Infectious Diseases: Should Travel Be the Fifth Vital Sign?](#) Free

Trish M. Perl, MD, MSc; Connie Savor Price, MD

**Artificial Intelligence – An International Journal**

Volume 282 May 2020

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/282/suppl/C>

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

**BMJ Global Health**

April 2020 - Volume 5 - 4

<https://gh.bmj.com/content/5/4>

[Reviewed earlier]

### **BMC Health Services Research**

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

(Accessed 25 Apr 2020)

#### **[National Immunization Program Information System: implementation context assessment](#)**

*The National Immunization Program Information System (SIPNI - Sistema de Informação do Programa Nacional de Imunização) in Brazil is a technological innovation management tool that enhances the performance of man...*

Authors: Brener Santos Silva, Eliete Albano de Azevedo Guimarães, Valéria Conceição de Oliveira, Ricardo Bezerra Cavalcante, Marta Macedo Kerr Pinheiro, Tarcísio Laerte Gontijo, Samuel Barroso Rodrigues, Ana Paula Ferreira, Humberto Ferreira de Oliveira Quites and Ione Carvalho Pinto

Citation: BMC Health Services Research 2020 20:333

Content type: Research article

Published on: 21 April 2020

### **BMC Infectious Diseases**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **BMC Medical Ethics**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **BMC Medicine**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **BMC Public Health**

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

(Accessed 25 Apr 2020)

## **Documentation of vaccine wastage in two different geographic contexts under the universal immunization program in India**

*Government of India is introducing new and relatively costly vaccines under immunization program. Monitoring of vaccine wastage is needed to guide the program implementation and forecasting. Under pilot introd...*

Authors: Manoja Kumar Das, Mangla Sood, Muralidhar Parashuram Tambe, Thakur Dutt Sharma, Malangori Abdul Gani Parande, Jitendra Bhaskar Surwade, Nandakumar Manikrao Salunkhe, Shital Somsing Patil, Bhagwan Pawar, Rajesh Guleri, Chitra Kaushal and Monica Sindhu

Citation: BMC Public Health 2020 20:556

Content type: Research article

Published on: 25 April 2020

### **BMC Research Notes**

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **BMJ Open**

April 2020 - Volume 10 - 4

<https://bmjopen.bmj.com/content/10/4?current-issue=y>

[Reviewed earlier]

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

Volume 98, Number 4, April 2020, 229-296

<https://www.who.int/bulletin/volumes/98/4/en/>

[Reviewed earlier]

### **Child Care, Health and Development**

Volume 46, Issue 3 Pages: 249-396 May 2020

<https://onlinelibrary.wiley.com/toc/13652214/current>

[Reviewed earlier]

### **Clinical Therapeutics**

March 2020 Volume 42, Issue 3, p379-550, e33-e64

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

[New issue; No digest content identified]

### **Clinical Trials**

Volume 17 Issue 1, February 2020

<https://journals.sagepub.com/toc/ctja/17/1>

[Reviewed earlier]

### **Conflict and Health**

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

[Accessed 25 Apr 2020]

[No new digest content identified]

### **Contemporary Clinical Trials**

Volume 90 March 2020

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/90/suppl/C>

[Reviewed earlier]

### **The CRISPR Journal**

Volume 3, Issue 2 / April 2020

<https://www.liebertpub.com/toc/crispr/3/2>

*Editorial Free*

#### **[COVID-19 and the CRISPR Community Response](#)**

Kevin Davies and Rodolphe Barrangou

Pages:66–67

Published Online:21 April 2020

*Interview Free*

#### **[The CRISPR-RNA World: An Interview with Martin Jínek](#)**

Kevin Davies and Martin Jínek

Pages:68–72

Published Online:21 April 2020

*Perspective*

#### **[Ethics and Global Governance of Human Germline Genome Editing: The Problem of Techno-Scientific Colonialist Paternalism](#)**

Gabriela Arguedas-Ramírez

Pages:83–88

Published Online:21 April 2020

<https://doi.org/10.1089/crispr.2019.0045>

*Abstract*

I want to enrich the debate about the ethics and governance of human germline editing (HGE) by emphasizing an underappreciated, yet important, set of concerns regarding exclusionary practices, norms, and efforts that impede a broader discussion about the subject. The possibility for establishing a binding, global, regulatory framework is influenced by economic and geopolitical factors as well as historical processes and sociopolitical problems, such as anti-scientific social movements and the politicization of science. Likewise, it is influenced by different understanding, epistemic resources, and goals between the CRISPR/genome editing community and the rest of society. In this Perspective, I explain the concept of “techno-scientific colonialist paternalism” and why it negatively affects our discussion around HGE. I also discuss the pitfalls of scientific self-regulation, and finally, I advocate that the implementation of HGE should cease to allow time and care for a thoughtful global discussion to emerge.

**Current Genetic Medicine Reports**

Volume 8, Issue 1, March 2020

<https://link.springer.com/journal/40142/8/1>

[Reviewed earlier]

**Current Opinion in Infectious Diseases**

April 2020 - Volume 33 - Issue 2

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

[Reviewed earlier]

**Developing World Bioethics**

Volume 20, Issue 1 Pages: 1-60 March 2020

<https://onlinelibrary.wiley.com/toc/14718847/current>

[Reviewed earlier]

**Development in Practice**

Volume 30, Issue 2, 2020

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

[Reviewed earlier]

**Disaster Medicine and Public Health Preparedness**

Volume 14 - Issue 1 - February 2020

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

[Reviewed earlier]

**Disasters**

Volume 44, Issue 2 Pages: 233-432 April 2020

<https://onlinelibrary.wiley.com/toc/14677717/current>

[Reviewed earlier]

**EMBO Reports**

Volume 21 Issue 4 3 April 2020

<https://www.embopress.org/toc/14693178/current>

[Reviewed earlier]

**Emerging Infectious Diseases**

Volume 26, Number 4—April 2020

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

[Reviewed earlier]

### **Epidemics**

Volume 30 March 2020

<https://www.sciencedirect.com/journal/epidemics/vol/30/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 148 - 2020

<https://www.cambridge.org/core/journals/epidemiology-and-infection/latest-issue>

[Reviewed earlier]

### **Ethics & Human Research**

Volume 42, Issue 2 Pages: 1-33 March–April 2020

<https://onlinelibrary.wiley.com/toc/25782363/current>

***Incidental Findings :: Data Sharing N-of-1 Trials :: Deception***

[Reviewed earlier]

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

Volume 30, Issue 1, February 2020

<https://academic.oup.com/eurpub/issue/30/1>

[Reviewed earlier]

### **Gates Open Research**

<https://gatesopenresearch.org/browse/articles>

[Accessed 25 Apr 2020]

[Reviewed earlier]

### **Genome Medicine**

<https://genomemedicine.biomedcentral.com/articles>

[No new digest content identified]

### **Global Health Action**

Volume 12, 2019 Issue 1

<https://www.tandfonline.com/toc/zgha20/12/sup1?nav=toCList>

[Reviewed earlier]

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

Vol. 8, No. 1 March 30, 2020

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

[Reviewed earlier]

### **Global Public Health**

Volume 15, 2020 Issue 5

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

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 25 Apr 2020]

[\*\*The north-south policy divide in transnational healthcare: a comparative review of policy research on medical tourism in source and destination countries\*\*](#)

Authors: Altaf Virani, Adam M. Wellstead and Michael Howlett

Content type: Review

22 April 2020

### **Health Affairs**

Vol. 39, No. 4 April 2020

<https://www.healthaffairs.org/toc/hlthaff/current>

***Integrating Social Services & Health***

[Reviewed earlier]

### **Health and Human Rights**

Volume 21, Issue 2, December 2019

<https://www.hhrjournal.org/volume-21-issue-2-december-2019/>

[Reviewed earlier]

### **Health Economics, Policy and Law**

Volume 15 - Issue 2 - April 2020

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 35, Issue 3, April 2020

<https://academic.oup.com/heapol/issue/35/3>

[New issue; No digest content identified]

### **Health Research Policy and Systems**

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

[Accessed 25 Apr 2020]



## **Questions for future evidence-informed policy initiatives: insights from the evolution and aspirations of National Immunization Technical Advisory Groups**

*Attention to evidence-informed policy has grown; however, efforts to strengthen the quality and use of evidence are not starting from a blank slate. Changes in health architectures and financing pose different considerations for investments in evidence-informed policy than in the past. We identify major trends that have shifted the environment in which health policies are made, and use the evolution and future aspirations of National Immunization Technical Advisory Groups (NITAGs) in low- and middle-income countries to identify questions the sector must confront when determining how best to structure and strengthen evidence-informed health policy.*

Authors: Anne L. Buffardi and Susan Njambi-Szapka

Content type: Commentary

22 April 2020

## **Human Gene Therapy**

Volume 31, Issue 7-8 / April 2020

<https://www.liebertpub.com/toc/hum/31/7-8>

[New issue; No digest content identified]

## **Humanitarian Exchange Magazine**

Number 77, March 2020

<https://odihpn.org/magazine/the-crisis-in-yemen/>

### ***Responding to Ebola in the Democratic Republic of Congo***

by Humanitarian Practice Network

This edition of Humanitarian Exchange, co-edited with Anne Harmer, focuses on the response to the Ebola outbreak in the Democratic Republic of Congo (DRC). Although at the time of publication the outbreak appeared to have ended, over its course it claimed 2,200 lives, with more than 3,300 infected, making this the world's second largest outbreak ever.

In the lead article, Natalie Roberts reflects on the extent to which humanitarian actors have applied learning from the outbreak in West Africa in 2014–2016. Richard Kojan and colleagues report on the NGO ALIMA's flexible, patient-centred approach to reducing mortality, Marcela Ascuntar reflects on lessons learned from community feedback and Bernard Balibuno, Emanuel Mbuna Badjonga and Howard Mollett highlight the crucial role faith-based organisations have played in the response. In their article, Theresa Jones, Noé Kasali and Olivia Tulloch outline the work of the Bethesda counselling centre in Beni, which provides support to grieving families. Reflecting on findings from a recent assessment by Translators without Borders, Ellie Kemp describes the challenges involved in providing clear and accessible information on Ebola and the response, and Sung Joon Park and colleagues explain how humane care and treatment can help increase trust and confidence in the response. Stephen Mugamba and his co-authors highlight the importance of community involvement in Ebola research, and Gillian McKay and her co-authors examine the impact of the Ebola outbreak and response on sexual and reproductive health services.

Stacey Mearns, Kiryn Lanning and Michelle Gayer present an Ebola Readiness Roadmap to support NGOs in preparing for an outbreak, while Edward Kumakech, Maurice Sadlier, Aidan

Sinnott and Dan Irvine report on a Gap Analysis tool looking at the communication, community engagement and compliance tracking activities that need to be in place before an Ebola vaccine is deployed. Emanuele Bruni and colleagues describe the development of a new monitoring and evaluation framework for strategic response planning. The edition ends with an article by Adelia Fairbanks, who argues for an acceptance strategy in the DRC to improve security and access for responding agencies.

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

Volume 16, Issue 4, 2020

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

*Article*

#### **[Evaluating impact of school outreach vaccination programme in Hong Kong influenza season 2018 – 2019](#)**

Yu Lung Lau, Wilfred Hing Sang Wong, Sonal R. Hattangdi-Haridas & Chun Bong Chow

Pages: 823-826

Published online: 30 Oct 2019

*Article*

#### **[Public health and economic impact of switching from a trivalent to a quadrivalent inactivated influenza vaccine in Mexico](#)**

Guillermo M. Ruiz-Palacios, John H. Beigel, Maria Lourdes Guerrero, Lucile Bellier, Ramiro Tamayo, Patricia Cervantes, Fabián P. Alvarez, Arturo Galindo-Fraga, Felipe Aguilar-Ituarte & Juan Guillermo Lopez

Pages: 827-835

Published online: 18 Dec 2019

*Article*

#### **[Description of vaccine clinical trials in Africa: a narrative review](#)**

Dudzile Ndwandwe, Kopano Dube, Lindi Mathebula & Charles S. Wiysonge

Pages: 972-980

Published online: 12 Dec 2019

#### ***ABSTRACT***

Clinical research is important in establishing the effects of health-care interventions. Vaccine clinical trials are to examine the effectiveness and safety of vaccines for the prevention of diseases. Africa has a high burden of infectious diseases such as malaria, tuberculosis, HIV/AIDS, and Ebola virus disease. Here we report a database surveillance study of vaccine-related clinical trials conducted in Africa. An objective is to address and profile vaccine clinical trials conducted in Africa. Data were extracted from the WHO International Clinical Trials Registry Platform on 22 July 2018 and updated on 05 September 2019. We found that 61% of the 377 clinical trials were registered prospectively and 35% registered retrospectively. About 72% of the trials were single-country studies and within the country, most trials (86%) were single-center studies. The proportion of trials involving multiple African countries was 11% and that of trials involving countries outside of Africa was 16%. The biggest funder of the vaccine trials (34%) was industry, followed by governments (25%) and universities (21%). The most studied diseases were malaria (20%), HIV/AIDS (15%), tuberculosis (7%), and Ebola virus disease (6%). Most of the vaccine trials were conducted in adults (42%). The trials ranged from phase I to phase IV, with most of the trials being in phase I (18%) and phase III (18%). The

conduct of vaccine clinical trials in Africa seeks to address the disease epidemics faced by the continent. There is a need for more investments from governmental bodies toward vaccine research in Africa. Further, African country collaborations are needed in efforts to find African solutions to the current infectious disease threats faced by the continent.

*Review*

**[Towards adult vaccination in India: a narrative literature review](#)**

Resham Dash, Ashish Agrawal, Vasant Nagvekar, Jayesh Lele, Alberta Di Pasquale, Shafi Kolhapure & Raunak Parikh

Pages: 991-1001

Published online: 02 Dec 2019

**Infectious Agents and Cancer**

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

[Accessed 25 Apr 2020]

[No new digest content identified]

**Infectious Diseases of Poverty**

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

[Accessed 25 Apr 2020]

**[Documentary research on social innovation in health in Latin America](#)**

Authors: Diana María Castro-Arroyave and Luisa Fernanda Duque-Paz

Content type: Scoping Review

22 April 2020

**[What did we learn from preparing for cross-border transmission of Ebola virus disease into a complex humanitarian setting – The Republic of South Sudan?](#)**

Authors: Olushayo Oluseun Olu, Richard Lako, Joseph Francis Wamala, Patrick Otim Ramadan, Caroline Ryan, Ifeanyi Udenweze, Kibebu Berta, Argata Guracha Guyo, Alex Sokemawu, Michael Tukur, Henry John Gray and Alex Chimbaru

Content type: Commentary

21 April 2020

**International Health**

Volume 12, Issue 2, March 2020

<https://academic.oup.com/inthealth/issue/12/2>

[Reviewed earlier]

**International Journal of Community Medicine and Public Health**

Vol 7, No 3 (2020) March 2020

<https://www.ijcmph.com/index.php/ijcmph/issue/view/60>

[Reviewed earlier]

## **International Journal of Epidemiology**

Volume 49, Issue Supplement\_1, April 2020

[https://academic.oup.com/ije/issue/49/Supplement\\_1](https://academic.oup.com/ije/issue/49/Supplement_1)

### ***Big Data, Small Area***

#### **[Using large and complex datasets for small-area environment-health studies: from theory to practice](#)**

Frédéric B Piel, [Samantha Cockings](#)

Int J Epidemiol, Volume 49, Issue Supplement\_1, April 2020, Pages i1–i3,

<https://doi.org/10.1093/ije/dyaa018>

#### **[Availability, access, analysis and dissemination of small-area data](#)**

Susan Hodgson, [Daniela Fecht](#), [John Gulliver](#), [Hima Iyathooray Daby](#), [Frédéric B Piel](#) ...

Int J Epidemiol, Volume 49, Issue Supplement\_1, April 2020, Pages i4–i14,

<https://doi.org/10.1093/ije/dyz051>

#### **[Software application profile: the Rapid Inquiry Facility 4.0: an open access tool for environmental public health tracking](#)**

Frédéric B Piel, [Brandon Parkes](#), [Peter Hambly](#), [Aina Roca-Barceló](#), [Martin McCallion](#) ...

Int J Epidemiol, Volume 49, Issue Supplement\_1, April 2020, Pages i38–i48,

<https://doi.org/10.1093/ije/dyz094>

## **International Journal of Human Rights in Healthcare**

Volume 12 Issue 5

<https://www.emerald.com/insight/publication/issn/2056-4902/vol/12/iss/5>

[Reviewed earlier]

## **International Journal of Infectious Diseases**

March 2020 Volume 92, p1-272

[https://www.ijidonline.com/issue/S1201-9712\(20\)X0002-6](https://www.ijidonline.com/issue/S1201-9712(20)X0002-6)

[Reviewed earlier]

## **JAMA**

April 21, 2020, Vol 323, No. 15, Pages 1427-1518

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

*Original Investigation*

#### **[Epidemiologic Features and Clinical Course of Patients Infected With SARS-CoV-2 in Singapore](#)**

Barnaby Edward Young, MB, BChir; Sean Wei Xiang Ong, MBBS; Shirin Kalimuddin, MPH; et al.  
free access has active quiz

JAMA. 2020;323(15):1488-1494. doi:10.1001/jama.2020.3204

This case series describes the epidemiologic features, clinical presentation, treatment, and outcomes of the first 18 patients with confirmed coronavirus disease 2019 (COVID-19) in Singapore

*Research Letter*

## **[Positive RT-PCR Test Results in Patients Recovered From COVID-19](#)**

Lan Lan, MD; Dan Xu, MD; Guangming Ye, MD; et al.

free access has active quiz has audio

JAMA. 2020;323(15):1502-1503. doi:10.1001/jama.2020.2783

This case series describes reverse transcriptase–polymerase chain reaction (RT-PCR) test results in 4 health professionals discharged from hospitalization or quarantine after 2 negative RT-PCR test results and resolution of clinical COVID-19 infection.

[Audio Interview](#): COVID-19 Update With NIAID's Anthony Fauci, MD; March 6, 2020

[Clinical Review Audio](#): Update on Coronavirus: March 6, 2020, by NIAID's Anthony Fauci, MD

[Clinical Review Audio](#): COVID-19 in Seattle: Clinical Features and Managing the Outbreak

[Audio Interview](#): Coronavirus Testing – March 16 Q&A with the CDC's Jay Butler, MD

[Clinical Review Audio](#): Coronavirus Disease 2019 (COVID-19) Update: PCR Testing and Shortages

Editorial

[Editorial Concern—Possible Reporting of the Same Patients With COVID-19 in Different Reports](#)

Howard Bauchner, MD; Robert M. Golub, MD; Jody Zylke, MD

*Viewpoint*

## **[Diagnostic Testing for the Novel Coronavirus](#)**

Joshua M. Sharfstein, MD; Scott J. Becker, MS; Michelle M. Mello, JD, PhD

free access has active quiz has multimedia has audio

JAMA. 2020;323(15):1437-1438. doi:10.1001/jama.2020.3864

This Viewpoint explains the technical and regulatory challenges that hampered diagnostic testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during the early spread of infection in the US and considers the unintended consequences of making testing more widely available, including false-negative results and overtesting.

[Audio Interview](#): Coronavirus Testing – March 16 Q&A with the CDC's Jay Butler, MD

[Clinical Review Audio](#): Coronavirus Disease 2019 (COVID-19) Update: PCR Testing and Shortages

*Viewpoint*

## **[Supporting the Health Care Workforce During the COVID-19 Global Epidemic](#)**

James G. Adams, MD; Ron M. Walls, MD

free access has active quiz has audio

JAMA. 2020;323(15):1439-1440. doi:10.1001/jama.2020.3972

This Viewpoint discusses the importance of protecting health care workers caring for patients with coronavirus disease 2019 (COVID-19) and measures that can be taken in and out of the hospital to prevent their and their families' exposure to SARS-CoV-2.

[Clinical Review Audio](#): The Effect of the COVID-19 Pandemic on Clinic Operations

[Clinical Review Audio](#): COVID-19 in Seattle: Clinical Features and Managing the Outbreak

[Clinical Review Audio](#): COVID-19: Applying What Was Learned by SARS to a Modern Pandemic Editorial

[Health Care Heroes of the COVID-19 Pandemic](#)

Howard Bauchner, MD; Thomas J. Easley; on behalf of the entire editorial and publishing staff of JAMA and the JAMA Network

*Viewpoint*

## **[From Containment to Mitigation of COVID-19 in the US](#)**

Stephen M. Parodi, MD; Vincent X. Liu, MD, MSc

free access has active quiz has multimedia has audio

JAMA. 2020;323(15):1441-1442. doi:10.1001/jama.2020.3882

This Viewpoint discusses Kaiser Permanente in Northern California's transition from a containment strategy for coronavirus disease 2019 (COVID-19)—isolation or quarantine of exposed or infected patients—to a mitigation strategy comprising elements such as droplet and airborne precautions, telemedicine, staffing protocol revisions, and equipment allocation planning.

[Clinical Review Audio](#): COVID-19 in Seattle: Clinical Features and Managing the Outbreak

[Audio Interview](#): Coronavirus Disease 2019 (COVID-19) Mitigation: Preparing Hospitals and Health Systems

*Clinical Update*

### **[Care for Critically Ill Patients With COVID-19](#)**

Srinivas Murthy, MD, CM, MHSc; Charles D. Gomersall, MBBS; Robert A. Fowler, MD, CM, MSc

free access has active quiz has audio

JAMA. 2020;323(15):1499-1500. doi:10.1001/jama.2020.3633

This JAMA Insights article reviews care for the most severely ill patients with coronavirus disease 2019 (COVID-19), including standards of management of ARDS, preventing SARS-CoV-2 spread in health care settings, and surge preparation.

[Clinical Review Audio](#): COVID-19 in Seattle: Clinical Features and Managing the Outbreak

### **JAMA Pediatrics**

April 2020, Vol 174, No. 4, Pages 313-393

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

<https://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

[Reviewed earlier]

### **JBI Database of Systematic Review and Implementation Reports**

April 2020 - Volume 18 - Issue 4

<https://journals.lww.com/jbisrir/Pages/currenttoc.aspx>

[Reviewed earlier]

### **Journal of Adolescent Health**

April 2020 Volume 66, Issue 4, p379-514

[https://www.jahonline.org/issue/S1054-139X\(20\)X0003-6](https://www.jahonline.org/issue/S1054-139X(20)X0003-6)

[Reviewed earlier]

### **Journal of Artificial Intelligence Research**

Vol. 67 (2020)

<https://www.jair.org/index.php/jair>

[Reviewed earlier]

**Journal of Community Health**

Volume 45, Issue 2, April 2020

<https://link.springer.com/journal/10900/45/2>

[Reviewed earlier]

**Journal of Development Economics**

Volume 144 May 2020

<https://www.sciencedirect.com/journal/journal-of-development-economics/vol/144/suppl/C>

[Reviewed earlier]

**Journal of Empirical Research on Human Research Ethics**

Volume 15 Issue 1-2, February-April 2020

<http://journals.sagepub.com/toc/jre/current>

***Special Issue: Ethical Issues in Social Media Research***

[Reviewed earlier]

**Journal of Epidemiology & Community Health**

April 2020 - Volume 74 - 4

<https://jech.bmj.com/content/74/4>

[Reviewed earlier]

**Journal of Evidence-Based Medicine**

Volume 13, Issue 1 Pages: 1-88 February 2020

<https://onlinelibrary.wiley.com/toc/17565391/current>

[Reviewed earlier]

**Journal of Global Ethics**

Volume 16, Issue 1, 2020

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

[New issue; No digest content identified]

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

Volume 31, Number 1, February 2020

<https://muse.jhu.edu/journal/278>

[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 22, Issue 2, April 2020

<https://link.springer.com/journal/10903/22/2>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 18, 2020\_ Issue 2

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

[Reviewed earlier]

**Journal of Infectious Diseases**

Volume 221, Issue 7, 1 April 2020

<https://academic.oup.com/jid/issue/221/7>

[New issue; No digest content identified]

**Journal of Medical Ethics**

April 2020 - Volume 46 - 4

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

[Reviewed earlier]

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

Volume 7, Issue 1 (2020)

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

[Reviewed earlier]

**Journal of Pediatrics**

April 2020 Volume 219, p1-288

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

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

<https://joppp.biomedcentral.com/>

[Accessed 25 Apr 2020]

*Articles*

**[Pharmacists at the frontline beating the COVID-19 pandemic](#)**

Authors: Nadia Bukhari, Huma Rasheed, Bismah Nayyer and Zaheer-Ud-Din Babar

Content type: Editorial

20 April 2020

*Abstract*

As the lockdowns are being observed all over the globe and the national level pharmacy professionals are performing frontline roles, this editorial highlights the role of pharmacists in the COVID – 19 pandemic. Pharmacists globally are providing services amidst pandemic, including TRIAGE services, seeing patients and reducing the patients' burden on health care facilities such as hospitals and GP practices. Pharmacists are also working to providing home deliveries, as well as dealing with the increasing number of patients coming through to pharmacies with the other ailments. Pharmacy associations have issued their guidelines and in this editorial, several global examples of pharmacists' role in the COVID 19 are being discussed.



Pakistan is used as a country case study in this editorial. The editorial also elaborates how pharmacists in the UK and Pakistan have teamed up together to compile 10-steps protection guidelines for the pharmacy teams in Pakistan in English and Urdu language. This 10-point guidance educates community pharmacies for safety and standard operation as the number of patients in the country continues to rise. These guidelines are endorsed by the government and private bodies. These can be adopted and adapted by any country; keeping in view their laws and regulations.

**Journal of Public Health Management & Practice**

March/April 2020 - Volume 26 - Issue 2

<https://journals.lww.com/jphmp/pages/currenttoc.aspx>

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 41, Issue 1, March 2020

<https://link.springer.com/journal/41271/41/1>

[Reviewed earlier]

**Journal of Refugee & Global Health**

Volume 2, Issue 2 (2019)

<https://ir.library.louisville.edu/rgh/>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

April 2020 Volume 17 Issue 165

<https://royalsocietypublishing.org/toc/rsif/current>

[Reviewed earlier]

**Journal of Travel Medicine**

Volume 27, Issue 2, March 2020

<https://academic.oup.com/jtm/issue/27/2>

[Reviewed earlier]

**Journal of Virology**

April 2020; Volume 94, Issue 8

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

[Reviewed earlier]

**The Lancet**

Apr 25, 2020 Volume 395 Number 10233 p1315-1400, e67-e74

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

*Editorial*

**[India under COVID-19 lockdown](#)**

The Lancet

*Comment*

**[Beware of the second wave of COVID-19](#)**

Shunqing Xu, Yuanyuan Li

*Articles*

**[First-wave COVID-19 transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning: a modelling impact assessment](#)**

Kathy Leung, Joseph T Wu, Di Liu, Gabriel M Leung

**The Lancet Child & Adolescent Health**

Apr 2020 Volume 4 Number 4 p251-340, e7-e9

<https://www.thelancet.com/journals/lanchi/issue/current>

[Reviewed earlier]

**Lancet Digital Health**

Apr 2020 Volume 2 Number 4 e149-e208

<https://www.thelancet.com/journals/landig/issue/current>

[Reviewed earlier]

**Lancet Global Health**

Apr 2020 Volume 8 Number 4 e451-e611

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

[Reviewed earlier]

**Lancet Infectious Diseases**

Apr 2020 Volume 20 Number 4 p383-510, e50-e78

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

[Reviewed earlier]

**Lancet Public Health**

Apr 2020 Volume 5 Number 4 e177-e234

<https://www.thelancet.com/journals/lanpub/issue/current>

[Reviewed earlier]

**Lancet Respiratory Medicine**

Apr 2020 Volume 8 Number 4 p321-422, e14-e26

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

[Reviewed earlier]

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

Volume 24, Issue 4, April 2020

<https://link.springer.com/journal/10995/24/4>

[Reviewed earlier]

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

Volume 40 Issue 2, February 2020

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 98, Issue 1 Pages: 1-222 March 2020

<https://onlinelibrary.wiley.com/toc/14680009/current>

[Reviewed earlier]

### **Nature**

Volume 580 Issue 7804, 23 April 2020

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

*Editorial* | 17 April 2020

#### **[Withholding funding from the World Health Organization is wrong and dangerous, and must be reversed](#)**

Researchers everywhere must continue to press their lawmakers to act now and challenge US President Donald Trump's undermining of the global health agency.

*News* | 15 April 2020

#### **[China is tightening its grip on coronavirus research](#)**

Some scientists welcome government vetting because it could stop poor-quality COVID-19 papers being published – others fear it is an attempt to control information.

Andrew Silver & David Cyranoski

### **Nature Biotechnology**

Volume 38 Issue 4, April 2020

<https://www.nature.com/nbt/volumes/38/issues/4>

[Reviewed earlier]

### **Nature Genetics**

Volume 52 Issue 4, April 2020

<https://www.nature.com/ng/volumes/52/issues/4>

[Reviewed earlier]

**Nature Medicine**

Volume 26 Issue 4, April 2020

<https://www.nature.com/nm/volumes/26/issues/4>

[Reviewed earlier]

**Nature Reviews Genetics**

Volume 21 Issue 4, April 2020

<https://www.nature.com/nrg/volumes/21/issues/4>

[Reviewed earlier]

**Nature Reviews Immunology**

Volume 20 Issue 4, April 2020

<https://www.nature.com/nri/volumes/20/issues/4>

[Reviewed earlier]

**Nature Reviews Drug Discovery**

Volume 19 Issue 4, April 2020

<https://www.nature.com/nrd/volumes/19/issues/4>

[Reviewed earlier]

**New England Journal of Medicine**

April 23, 2020 Vol. 382 No. 17

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

*Perspective*

**[The Invisible Hand — Medical Care during the Pandemic](#)**

Michelle M. Kittleson, M.D., Ph.D.

**Pediatrics**

Vol. 145, Issue 4 1 Apr 2020

<https://pediatrics.aappublications.org/>

[Reviewed earlier]

**Pharmaceutics**

Volume 12, Issue 3 (March 2020)

<https://www.mdpi.com/1999-4923/12/3>

[Reviewed earlier]

**PharmacoEconomics**

Volume 38, Issue 4, April 2020

<https://link.springer.com/journal/40273/38/4>  
[Reviewed earlier]

### **PLoS Genetics**

<https://journals.plos.org/plosgenetics/>  
(Accessed 25 Apr 2020)  
[No new digest content identified]

### **PLoS Medicine**

<http://www.plosmedicine.org/>  
(Accessed 25 Apr 2020)  
[No new digest content identified]

### **PLoS Neglected Tropical Diseases**

<http://www.plosntds.org/>  
(Accessed 25 Apr 2020)  
[No new digest content identified]

### **PLoS One**

<http://www.plosone.org/>  
[Accessed 25 Apr 2020]

#### **[Knowledge, risk of infection, and vaccination status of hepatitis B virus among rural high school students in Nanumba North and South Districts of Ghana](https://doi.org/10.1371/journal.pone.0231930)**

Awolu Adam, Adam Fusheini

Research Article | published 22 Apr 2020 PLOS ONE

<https://doi.org/10.1371/journal.pone.0231930>

### **PLoS Pathogens**

<http://journals.plos.org/plospathogens/>  
[Accessed 25 Apr 2020]  
[No new digest content identified]

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

<http://www.pnas.org/content/early/>  
[Accessed 25 Apr 2020]  
[No new digest content identified]

### **Prehospital & Disaster Medicine**

Volume 35 - Issue 2 - April 2020

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

[Reviewed earlier]

### **Preventive Medicine**

Volume 133 April 2020

<https://www.sciencedirect.com/journal/preventive-medicine/vol/133/suppl/C>

[Reviewed earlier]

### **Proceedings of the Royal Society B**

08 April 2020 Volume 287 Issue 1924

<https://royalsocietypublishing.org/toc/rspb/current>

[Reviewed earlier]

### **Public Health**

Volume 181 Pages 1-204 (April 2020)

<https://www.sciencedirect.com/journal/public-health/vol/181/suppl/C>

[Reviewed earlier]

### **Public Health Ethics**

Volume 12, Issue 3, November 2019

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

[Reviewed earlier]

### **Public Health Reports**

Volume 135 Issue 2, March/April 2020

<https://journals.sagepub.com/toc/phrg/135/2>

[Reviewed earlier]

### **Qualitative Health Research**

Volume 30 Issue 5, April 2020

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

[New issue; No digest content identified]

### **Research Ethics**

Volume 15 Issue 3-4, July-October 2019

<http://journals.sagepub.com/toc/reab/current>

[Reviewed earlier]

### **Reproductive Health**

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

[Accessed 25 Apr 2020]

## **[Sexual and reproductive health \(SRH\): a key issue in the emergency response to the coronavirus disease \(COVID- 19\) outbreak](#)**

Authors: Kun Tang, Junjian Gaoshan and Babatunde Ahonsi

Content type: Commentary

23 April 2020

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

<https://www.paho.org/journal/en>

*Latest articles*

[No new digest content identified]

## **Risk Analysis**

Volume 40, Issue 4 Pages: 657-898 April 2020

<https://onlinelibrary.wiley.com/toc/15396924/current>

[New issue; no digest content identified]

## **Risk Management and Healthcare Policy**

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

[Accessed 25 Apr 2020]

[No new digest content identified]

## **Science**

24 April 2020 Vol 368, Issue 6489

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

*Editorial*

### **[Why WHO?](#)**

By H. Holden Thorp

*Summary*

Pandemics are international. A virus doesn't respect borders between countries—or between states, as we are seeing with severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2) in the United States. Unfortunately, too many world leaders want to treat the situation as a problem for their nation alone and not the world.

*Research Articles*

### **[The effect of travel restrictions on the spread of the 2019 novel coronavirus \(COVID-19\) outbreak](#)**

By Matteo Chinazzi, Jessica T. Davis, Marco Ajelli, Corrado Gioannini, Maria Litvinova, Stefano Merler, Ana Pastore y Piontti, Kunpeng Mu, Luca Rossi, Kaiyuan Sun, Cécile Viboud, Xinyue Xiong, Hongjie Yu, M. Elizabeth Halloran, Ira M. Longini Jr., Alessandro Vespignani

Science 24 Apr 2020 : 395-400 Open Access [CCBY](#)

A SARS-CoV-2 epidemiological model reveals the effects of travel restrictions and transmission reduction efforts on the spread of this novel virus.

## **[Evolving epidemiology of poliovirus serotype 2 following withdrawal of the serotype 2 oral poliovirus vaccine](#)**

By G. R. Macklin, K. M. O'Reilly, N. C. Grassly, W. J. Edmunds, O. Mach, R. Santhana Gopala Krishnan, A. Voorman, J. F. Vertefeuille, J. Abdelwahab, N. Gumede, A. Goel, S. Sosler, J. Sever, A. S. Bandyopadhyay, M. A. Pallansch, R. Nandy, P. Mkanda, O. M. Diop, R. W. Sutter  
Science 24 Apr 2020 : 401-405 Full Access

Outbreaks of serotype 2 vaccine-derived poliovirus can be traced to use of the oral poliovirus vaccine in outbreak response campaigns.

## **Science Translational Medicine**

22 April 2020 Vol 12, Issue 540

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

*Perspective*

### **[The evidence landscape in precision medicine](#)**

By Spencer Phillips Hey, Cory V. Gerlach, Garrett Dunlap, Vinay Prasad, Aaron S. Kesselheim  
Science Translational Medicine 22 Apr 2020 Restricted Access

*Abstract*

Precision medicine is beginning to make an impact on the treatment of different diseases, but there are still challenges that must be overcome, such as the complexity of interventions, the need for marker validation, and the level of evidence necessary to demonstrate effectiveness. In this Perspective, we describe how evidence landscapes can help to address these challenges.

## **Social Science & Medicine**

Volume 251 April 2020

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/249/suppl/C>

[Reviewed earlier]

## **Systematic Reviews**

<https://systematicreviewsjournal.biomedcentral.com/articles>

[Accessed 25 Apr 2020]

### **[The interplay of HIV and human papillomavirus-related cancers in sub-Saharan Africa: scoping review](#)**

*People living with HIV (PLHIV) are at a high risk of developing HPV-related cancers. HPV-related malignancies occur frequently and/or are high among PLHIV, with cervical cancer as a designated AIDS-defining co...*

Authors: Kabelo Matjie Bridget Lekoane, Desmond Kuupiel, Tivani P. Mashamba-Thompson and Themba G. Ginindza

Citation: Systematic Reviews 2020 9:88

Content type: Research

Published on: 22 April 2020

## **Travel Medicine and Infectious Diseases**

Volume 33 January–February 2020

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/33/suppl/C>



[Reviewed earlier]

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

Volume 25, Issue 4 Pages: i-iv, 387-505 April 2020  
<https://onlinelibrary.wiley.com/toc/13653156/current>

*Original Research Papers*

#### **[Changing trends in measles vaccination status between 2004 and 2014 among children aged 12–23 months in Bangladesh](#)**

Yasmin Jahan et al

Pages: 475-482

First Published: 21 December 2019

### **Vaccine**

Volume 38, Issue 19 Pages 3515-3626 (23 April 2020)

<https://www.sciencedirect.com/journal/vaccine/vol/38/issue/19>

*Research article Open access*

#### **[Assessment of the long-term efficacy of a dengue vaccine against symptomatic, virologically-confirmed dengue disease by baseline dengue serostatus](#)**

Gustavo H. Dayan, Edith Langevin, Peter B. Gilbert, Yukun Wu, ... Carlos A. DiazGranados

Pages 3531-3536

*Abstract*

CYD-TDV is a live, attenuated, tetravalent dengue vaccine licensed in 21 countries. We undertook a post-hoc analysis of the long-term efficacy of CYD-TDV during the surveillance expansion phase (SEP) of two Phase III studies (CYD14 in the Asia-Pacific region; CYD15 in Latin America). The SEP included approximately Year 5 and the entire Year 6 of follow-up after the first study injection. Vaccine efficacy against symptomatic virologically-confirmed dengue (VCD) was assessed by participant age (any age,  $\geq 9$ ,  $< 9$ , 2–5, and 6–8 years at the time of the first injection) and baseline dengue serostatus using a case-cohort framework. Baseline dengue serostatus was estimated by several methods including logistic regression-based multiple imputation (MI) to predict PRNT50 with key predictor being Month 13 (M13) anti-non-structural protein (NS1) titers; superlearner-based imputation by targeted minimum loss based estimation (TMLE); and M13 anti-NS1 titer threshold 9 EU/mL (NS1 M13). There were 436 symptomatic VCD cases (CYD14:  $n = 360$ ; CYD15:  $n = 76$ ) during the SEP. Vaccine efficacy in seropositive participants aged  $\geq 9$  years was assessed by MI (47.9% [95% CI 19.4; 66.3]), TMLE (53.0% [95% CI 23; 71]), and NS1 M13 (52.4% [95% CI 30.8; 67.3]). Vaccine efficacy estimates were lower in seropositive individuals aged  $< 9$  years compared with individuals  $\geq 9$  years. Among seropositive individuals aged 2–5 and 6–8 years, vaccine efficacy across the different approaches for assessing serostatus ranged from between –25.7 to 36.9% and 44.4 to 64.7% during the SEP, respectively. In the pooled CYD14/15 data of seronegatives, vaccine efficacy was null to modest. In conclusion, CYD-TDV was shown to maintain efficacy against symptomatic VCD in seropositive participants aged  $\geq 9$  years up to six years after the first dose. Persistence of efficacy was also observed in seropositive participants aged 6–8 years.

Research article Abstract only

#### **[Long-term immunogenicity after yellow fever vaccination in immunosuppressed and healthy individuals](#)**

J. Burkhard, A. Ciurea, C. Gabay, P. Hasler, ... S. Bühler  
Pages 3610-3617

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

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

(Accessed 25 Apr 2020)

[No new digest content identified]

### **Value in Health**

April 2020 Volume 23, Issue 4, p409-526

[https://www.valueinhealthjournal.com/issue/S1098-3015\(20\)X0005-2](https://www.valueinhealthjournal.com/issue/S1098-3015(20)X0005-2)

*THEMED SECTION: VALUE-BASED CONTRACTING*

#### **[Is There a Future for Value-Based Contracting?](#)**

Joshua P. Cohen

p416–417

Published online: February 28, 2020

Value in healthcare is measured in terms of the patient outcomes achieved per dollars spent. As such, when payers and policy makers measure the output of healthcare systems, it is not the volume of services delivered that matters, but rather the outcomes. In light of this, there has been an uptick in interest in value- or outcomes-based contracts. These contracts are supposed to reflect pay-for-performance arrangements, which reimburse for the value a technology or health service adds when it achieves a certain level of improvement in a patient's condition.

#### **[Pharmaceutical Products and Their Value: Lessons Learned and the Path Ahead](#)**

Anna Kaltenboeck

p421–424

Published online: March 29, 2020

##### *Abstract*

Steep increases in prices and spending on prescription drugs in the United States have triggered public outrage and questions over their value. Value-based pricing has emerged as a preferred alternative to prices determined by what the market will bear. In response, manufacturers and health plans have begun to publicize their efforts to engage in outcomes-based contracts and long-term financing agreements, which they describe as value-based. Nevertheless, both contracting approaches perpetuate existing distortions in the financial incentives of supply chain and prescribing intermediaries, and fail to realign the prices of drugs to their value to patients, the healthcare system, or society. This commentary describes the challenges of managing drugs according to their value, and describes several alternatives that promise greater impact than contracting strategies.

\* \* \* \*

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

**Journal of Acquired Immune Deficiency Syndromes**

14 Apr 2020,

**[Social Impacts among Participants in HIV Vaccine Trial Network \(HVTN\) preventive HIV vaccine trials.](#)**

MP Andrasik, FA Sesay, A Isaacs, L Oseso, M

**Open Journal of Preventive Medicine**

Vol.10 No.02 (2020), Article ID:99596,35 pages

[10.4236/ojpm.2020.102002](#)

**[Vaccine Coverage of Newly Introduced Vaccines and Factors Influencing among Children Less Than 23 Months in Laikipia North Subcounty](#)** [Kenya]

D Mogoi, EM Muchiri, AM Mutuma - 2020

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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 25 Apr 2020*

*Ideas*

**[How to Protect Civil Liberties in a Pandemic - The Atlantic](#)**

Conor Friedersdorf, Staff writer at *The Atlantic*

**[A Coronavirus Challenge Trial Is an Ethical Imperative - The Atlantic](#)**

Conor Friedersdorf, Staff writer at *The Atlantic*

**BBC**

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

*Accessed 25 Apr 2020*

**[Coronavirus: What is a vaccine and how is one made?](#)**

We look at the work needed to create a vaccine and when one might be ready for the coronavirus.

Published 25 Apr 2020

## **The Economist**

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

*Accessed 25 Apr 2020*

[No new, unique, relevant content]

## **Financial Times**

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

*Accessed 25 Apr 2020*

*Life & Arts*

### **[Richard Horton: 'It's the biggest science policy failure in a generation'](#)**

April 24 2020

The Lancet editor on Britain's response to coronavirus — and being labelled a pariah

## **Forbes**

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

Apr 25, 2020

### **[A Vaccine Candidate Protects Non-Human Primates From SARS-CoV-2 Infection](#)**

A new candidate vaccine for SARS-CoV-2 moves to human trials. Beijing based biotechnology company Sinovac, describes protection of macaque monkeys from infection by SARS-CoV-2 by the vaccine candidate.

By William A. Haseltine Contributor

Apr 22, 2020

### **[Coronavirus Vaccine In 12-18 Months Is 'Ambitious', Roche CEO Says](#)**

The global race to develop a vaccine is on, but getting it to market by the end of 2021 is unlikely, the CEO of the Swiss pharmaceuticals giant suggested on Wednesday.

By Isabel Togoh Forbes Staff

## **Foreign Affairs**

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

*Accessed 25 Apr 2020*

[No new, unique, relevant content]

## **Foreign Policy**

<http://foreignpolicy.com/>

*Accessed 25 Apr 2020* | [No new, unique, relevant content]

## **The Guardian**

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

*Accessed 25 Apr 2020*

*Coronavirus outbreak*

### **[World leaders agree to cooperate on coronavirus vaccine, but US does not take part – video](#)**

Global leaders have pledged to accelerate cooperation on a Covid-19 vaccine and to share research, treatment and medicines around the globe as part of a World Health Organization initiative.

The US did not take part in the pledge, made at a virtual meeting, designed to show that wealthy countries will not keep the results of research from developing countries. Britain will co-chair a joint coronavirus global response summit on 4 May aimed at raising funds for vaccine research, treatments and tests.

### **New Yorker**

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

*Accessed 25 Apr 2020*

*Daily Comment*

### **[The Dangerous Coronavirus Conspiracy Theories Targeting 5G Technology, Bill Gates, and a World of Fear](#)**

If people believe that they are being deceived—or even targeted—by public-health authorities, why would they follow their directives?

By [Amy Davidson Sorkin](#)

April 24, 2020

*Daily Comment*

### **[Trump's Firing of a Top Infectious-Disease Expert Endangers Us All](#)**

Rick Bright was removed after questioning the President's claim of a miracle cure for COVID-19.

By [Michael Specter](#)

April 23, 2020

*Q. & A.*

### **[Jeffrey Sachs on the Catastrophic American Response to the Coronavirus](#)**

The economist Jeffrey Sachs says that President Trump is the "worst political leader" he has seen in forty years of working with governments around the world.

By [Isaac Chotiner](#)

April 21, 2020

### **New York Times**

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

*Accessed 25 Apr 2020*

*Business*

### **[Special Report: Countries, Companies Risk Billions in Race for Coronavirus Vaccine](#)**

In the race to develop a vaccine to end the COVID-19 pandemic, governments, charities and Big Pharma firms are sinking billions of dollars into bets with extraordinarily low odds of success.

By Reuters April 25, 2020

*World*

### **[U.S. Says Will Not Take Part in WHO Global Drugs, Vaccine Initiative Launch](#)**

The United States will not take part in the launching of a global initiative on Friday to speed the development, production and distribution of drugs and vaccines against COVID-19, a spokesman for the U.S. mission in Geneva told Reuters.

By Reuters April 25, 2020

*Europe*

### **[Sanofi CEO Warns Europe on Coronavirus Vaccine Race](#)**

Sanofi's chief executive on Friday urged stronger European co-ordination in the hunt for a vaccine against the new coronavirus, criticising Europe for being too slow to act in a fiercely competitive global race.

By Reuters April 24, 2020

*Europe*

**[UK Will Host a Global Vaccines Summit on June 4: UK Foreign Minister Raab](#)**

Britain will host a virtual international summit on accelerating the development of a vaccine for the novel coronavirus on June 4, foreign minister Dominic Raab said on Twitter.

By Reuters April 24, 2020

*Europe*

**[World Must Ensure Equal Access for All to COVID-19 Vaccines, Drugs: WHO](#)**

All new vaccines, diagnostics and treatments against the new coronavirus must be made equally available to everyone worldwide, the World Health Organization said on Friday as it outlined a plan to accelerate work to fight COVID-19.

By Reuters April 24, 2020

**Washington Post**

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

*Accessed 25 Apr 2020*

[No new, unique, relevant content]

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**[Think Tanks et al](#)**

**Brookings**

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

*Accessed 25 Apr 2020*

*Future Development*

**[Funding the development and manufacturing of COVID-19 vaccines: The need for global collective action](#)**

Marco Schäferhoff, Gavin Yamey, and Kaci Kennedy McDade

Friday, April 24, 2020

**Center for Global Development** [to 25 Apr 2020]

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

*Accessed 25 Apr 2020*

*Publication*

**[Delivering on the Promise of "Equitable Access" to Epidemic Vaccines and Treatments: the Need for Norms, Processes, and Evidence to Guide Supply and Allocation](#)**

4/25/20

While there has been much interest and investment in developing epidemic vaccines and medicines to combat emerging infectious disease threats, there has been less attention to how

we will manage and allocate the global supply of efficacious vaccines and treatments once we have them. The launch of the Access to COVID-19 Tools (ACT) Accelerator marks an unprecedented commitment to global collaboration to ensure rapid and equitable access to medical countermeasures for COVID-19, such as vaccines and treatments.

**CSIS**

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

Accessed 25 Apr 2020

[No new relevant content]

**Council on Foreign Relations**

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

Accessed 25 Apr 2020

Coronavirus

[COVID-19 Vaccine Update](#) [Conference Call]

April 21, 2020

**Kaiser Family Foundation**

[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)

Accessed 25 Apr 2020

[No new relevant content]

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***Vaccines and Global Health: The Week in Review*** is a service of the Center for Vaccine Ethics and Policy (CVEP)/GE2P2 Global, which is solely responsible for its content, and is an open access publication, subject to the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>). Copyright is retained by CVEP.

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*Support for this service is provided by the [Bill & Melinda Gates Foundation](#); [PATH](#), and industry resource members Janssen/J&J, Pfizer, Sanofi Pasteur U.S., Takeda, Moderna Therapeutics (list in formation).*

*Support is also provided by a growing list of individuals who use this membership service to support their roles in public health, clinical practice, government, NGOs and other international institutions, academia and research organizations, and industry.*

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