



Vaccines and Global Health: The Week in Review
19 September 2020 :: Number 570
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 published as a PDF and scheduled for release each Saturday evening at midnight [0000 GMT-5]. The PDF is posted and the elements of each edition are presented as a set of blog posts at <https://centerforvaccineethicsandpolicy.net>. This blog allows full-text searching of over 9,000 entries.

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Milestones :: Perspectives :: Research

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A World in Disorder. Global Preparedness Monitoring Board - Annual Report 2020

World Health Organization 2020 :: 52 pages

FOREWARD

Never before has the world been so clearly forewarned of the dangers of a devastating pandemic, nor previously had the knowledge, resources and technologies to deal with such a threat. Yet, never before has the world witnessed a pandemic of such widespread and destructive social and economic impact.

The COVID-19 pandemic has revealed a collective failure to take pandemic prevention, preparedness and response seriously and prioritize it accordingly. It has demonstrated the fragility of highly interconnected economies and social systems, and the fragility of trust. It has exploited and exacerbated the fissures within societies and among nations. It has exploited inequalities, reminding us in no uncertain terms that there is no health security without social security. COVID-19 has taken advantage of a world in disorder...

...In issuing its warning in last year's inaugural report, the GPMB stressed the inadequacy of systems and financing required to detect and respond to health emergencies. As COVID-19 has proven, these systems remain dangerously deficient and under-resourced. This pandemic has also called out the human dimensions of health security, the actions of leaders and citizens that are so critical to vigorous preparedness and response.

Our report this year highlights responsible leadership and citizenship, as well as the adequacy of systems and resources, as key factors for success. **It puts a special emphasis on the factor that binds these four elements together into an effective whole: the principles and values of governance that ensure the right choices, decisions and actions are taken at the right time. It points out that none are safe until all are safe and calls for a renewed commitment to multilateralism and to WHO and the multilateral system...**

...The pandemic is far from over. Some countries have been relatively successful in suppressing the virus, protecting their populations, saving millions of lives. Others have not. Close to a million lives have been lost to COVID-19. The devastating economic and societal impact of COVID-19 reminds us, yet again, of the centrality of investment in pandemic preparedness to human security, and the need to reconsider how national security budgets are spent.

We have already learned many crucial lessons that demand immediate action if we are to say with any confidence, "never again". But learning without action is pointless, and unsustained commitment is futile. As we warned in our last report, "For too long, we have allowed a cycle of panic and neglect when it comes to pandemics: we ramp up efforts when there is a serious threat, then quickly forget about them when the threat subsides."

Again, we say: "It is well past time to act." And we identify the commitments and actions leaders and citizens must take - boldly, decisively, immediately, and with new energy animated by the grim recognition that inaction kills.

H.E. Gro Harlem Brundtland

Co-Chair, Former Prime Minister, Norway, and Former Director- General, World Health Organization

Mr Elhadj As Sy

Co-Chair, Chair, Kofi Annan Foundation Board, and Former Secretary-General, International Federation of Red Cross and Red Crescent Societies

EXECUTIVE SUMMARY

In our 2019 Annual Report, 'A World at Risk', we warned of the very real threat of 'a rapidly spreading pandemic due to a lethal respiratory pathogen'², and the need for determined political leadership at national and global levels. We called for seven urgent actions to prepare the world for health emergencies:

- *Heads of government must commit and invest*
- *Countries and regional organizations must lead by example*
- *All countries must build strong systems*
- *Countries, donors and multilateral institutions must be prepared for the worst*
- *Financing institutions must link preparedness with financial risk planning*
- *Development assistance funders must create incentives and increase funding for preparedness*
- *The United Nations must strengthen coordination mechanisms*

Progress in implementing these actions has been limited. It is not as if the world has lacked the opportunity to take these steps. There have been numerous calls for action in these areas over the last decade, yet none have generated the changes needed. Financial and political investments in preparedness have been insufficient, and we are all paying the price.

Conclusion & commitment

The COVID-19 pandemic is providing a harsh test of the world's preparedness. The Board concludes that little progress has been made on any of the actions called for in last year's report and that this lack of leadership is exacerbating the pandemic. Failure to learn the lessons of COVID-19 or to act on them with the necessary resources and commitment will mean that the next pandemic, which is sure to come, will be even more damaging.

We recognize that the GPMB must also change. Our monitoring and advocacy for preparedness must better reflect the contribution of sectors other than health, the importance of social protection, and be based on improved and predictive measures of preparedness.

GPMB Commitment

As the Global Preparedness Monitoring Board, we pledge to support good governance of global health security by fulfilling our mandate to independently monitor preparedness across all sectors and stakeholders, report regularly on progress, and continuously advocate for effective action.

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WHO - [Review Committee on the Functioning of the International Health Regulations \(2005\) during the COVID-19 Response](#)

The Committee begins its work on 8 and 9 September 2020 and will meet regularly and report on its progress, through the Director-General, to WHO Governing Bodies.

World Health Assembly resolution WHA73.1 requested the WHO Director-General, inter alia, to initiate a stepwise process of impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to COVID-19, including by using existing mechanisms such as the Review Committee under the International Health Regulations (2005) (IHR).

In line with the resolution, the WHO Director-General has convened a Review Committee under the IHR:

[1] to review the functioning of the IHR during the COVID-19 response; and

[2] the status of implementation of the relevant recommendations of previous IHR Review Committees.

Members

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Professor Lothar H. Wieler

President of the Robert Koch Institute, Germany

[Biographies](#)

[International Health Regulations \(IHR\) Secretariat](#)

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COVID-19: G20 Health Ministers

[Joint Statement - G20 Joint Finance & Health Ministers Meeting](#)

17 September 2020

Our urgent collective priority is to overcome the COVID-19 pandemic and alleviate its health, social and economic impacts. We continue to act upon our Leaders' commitments made at their extraordinary summit on 26 March 2020, and the progress achieved since. We will continue to use all available policy tools to safeguard people's lives, jobs and

incomes, support the global economic recovery, and enhance the resilience of health and financial systems, while safeguarding against downside risks.

We recognize the positive impact of investment in health system strengthening on economic resilience and growth, both in overcoming the current crisis and in the long term. **We remain committed to investing in an effective response to the COVID-19 pandemic to bring the spread of the virus under control and prevent further transmission; thereby minimizing the economic and social disruption while reinforcing our support for returning to strong, sustainable, balanced, and inclusive growth.**

We have mobilized resources to address the financing needs in global health to support the fight against the COVID-19 pandemic, and encourage joint efforts including further voluntary contributions to relevant initiatives, organizations and financing platforms. We emphasize the need for a global response and **the importance of taking forward our collective action to accelerate the research, development, manufacturing and distribution of COVID-19 diagnostics, therapeutics and vaccines, including through the Access to COVID-19 Tools Accelerator (ACT-A) initiative and its COVAX facility and voluntary licensing of intellectual property, with the aim of supporting equitable and affordable access for all**, which is key to overcoming the pandemic and supporting global economic recovery. We note that further actions are needed to address the financing needs. We ask Multilateral Development Banks (MDBs) to swiftly consider ways to strengthen the financial support for countries' access to COVID-19 tools. **We recognize the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing, and stopping transmission.**

We continue to take collective action as a part of the G20 Action Plan – Supporting the Global Economy through the COVID-19 Pandemic. We reiterate our commitment to respond promptly to the evolving health and socio-economic situations and drive forward international economic cooperation as we navigate this crisis and look ahead to a strong, sustainable, balanced and inclusive global economic recovery. We will reflect the outcomes of today's meeting in the updated G20 Action Plan that will be presented at the G20 Finance Ministers and Central Bank Governors' meeting in October 2020 and to the G20 Leaders' Summit in November 2020. We call on International Organizations (IOs), notably the IMF and OECD, to continue to integrate available pandemic data in elaborating different scenarios as for the economic impact of the health crisis going forward.

We take note of the assessment of gaps in pandemic preparedness that the World Health Organization (WHO) undertook in cooperation with relevant international organizations as requested by G20 Leaders in March 2020. We look forward to the work of the Independent Panel for Pandemic Preparedness and Response (IPPR) on evaluating the global health response to the COVID-19 pandemic as outlined in the World Health Assembly (WHA) Resolution on COVID-19. **We acknowledge the important role of the United Nations' system and agencies, including the WHO, while considering the ongoing evaluations and the need to strengthen its overall effectiveness, in coordinating and supporting the global response to the COVID-19 pandemic** and the central efforts of Member States therein, as outlined in the World Health Assembly (WHA) Resolution on COVID-19. We recognize that the COVID-19 pandemic has highlighted the need to strengthen health systems and has shown vulnerabilities in the international community's ability to prevent, detect and

respond effectively to pandemic threats. This reinforces the need to deliver on commitments to strengthen health systems, particularly enhancing preparedness, prevention, detection and response capacities.

We will intensify our efforts to support pandemic surveillance and epidemic intelligence, strengthen health system capabilities, and support platforms to accelerate research and development, to proactively identify and address new and reemerging infectious pathogens.

We reaffirm our commitment to full compliance with the International Health Regulations (IHR 2005), to improve their implementation and to the continued sharing of timely, transparent and standardized data and information including on health measures and the effectiveness of non-pharmaceutical interventions. We encourage innovative ways of capturing and sharing user- and decision-friendly information.

We re-emphasize the importance of well-functioning, value-based, inclusive and resilient health systems that can sustain equitable and affordable access to essential and quality health services for all, especially for the poorest and most vulnerable. We reemphasize our commitment to the G20 Shared Understanding on the Importance of Universal Health Coverage (UHC) Financing in Developing Countries to improve the resilience, prevention, detection, preparedness and response of health systems through protecting and investing in public health. We recall our commitment to move towards achieving UHC and the important role of countries' following their own paths in line with national contexts and priorities to UHC. We will continue to address the disproportionate economic and social impact of the crisis on women, young people, and the most vulnerable segments of society.

Although current measures are critical, major gaps still exist in global pandemic preparedness and response. Therefore, we will work together to lay the foundation for targeted actions to help respond to the most immediate challenges posed by the COVID-19 pandemic and ensure that the world is better prepared to curb the impact of future health-related crises in line with One Health Approach. This includes delivering on previous G20 commitments to tackle antimicrobial resistance. We will integrate the economic risks of pandemics, drug resistant infectious diseases, non-communicable diseases and high-impact tail risks more systematically into the G20's global risk monitoring and preparedness. We will, with the support of relevant IOs, build on key findings, lessons learned and propose recommendations to address existing gaps in global pandemic preparedness and response ahead of the G20 Leaders' Summit in November 2020.

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[Wellcome Trust statements on novel coronavirus \(Covid-19\)](#)

Press release | 17 September 2020

In reaction to G20 Joint Finance & Health Ministers Meeting joint statement [PDF],
Dr Jeremy Farrar, Director of Wellcome, said:

"It is encouraging to hear the G20 Finance and Health Ministers remain committed to investing in an effective response to the Covid-19 pandemic. But we're running out of time and these warm words must urgently turn into the real investment and global leadership that is needed.

"The ACT-Accelerator urgently needs \$35bn to develop and provide tests, treatments and vaccines for the world and to have the health systems to deliver them. So far, less than 10% of

this been raised. \$35bn is a tiny figure when compared to the trillions the world economy has already lost and will continue to lose as this pandemic continues to reverberate around the world.

"Securing this funding now will prove to be the wisest investment humanity has ever made. Putting it off will only prolong the pandemic and all its dreadful consequences. The actions leaders take today will affect how the world spends the next decade. This needs a moment of historic political and financial leadership. Leadership that will change the world. Leadership that will be remembered in a 100 years' time. But we need it now through actions not words."

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IFPMA Statement to G20 Health and Finance Ministers

17 September 2020

Geneva: Now more than ever, the adage "Health is Wealth" has heightened significance, with the COVID-19 pandemic highlighting the delicate and essential interdependence between public health and economic prosperity. The biopharmaceutical industry is working alongside governments worldwide to combat the burden of this unprecedented crisis, recognizing that unparalleled collaboration among all sectors of society is the only way to meet this challenge.

The stewardship of G20 Leaders is key to this coordinated global response, with a view to adopting policies that address the significant, intertwined impacts of the current pandemic while fostering preparedness to face similar threats in the future, as well as safeguarding resources for important healthcare needs beyond COVID-19. As the G20 Health and Finance Ministers meet on 17 September, we must be reminded that overcoming a global pandemic of this proportion rests on global solidarity, and a collective responsibility that calls for highly coordinated and collaborative action by public and private actors alike.

Since the start of the crisis, biopharmaceutical companies have shown their commitment to uniting in purpose by working together and to using their resources, technologies and know-how to develop medicines and vaccines. Beyond the discovery stage, industry has reiterated the importance of ensuring that these medicines and vaccines become accessible and affordable to all those who need them.

During this crisis, biopharmaceutical companies are:

- Investing their scientific expertise and creating and leveraging cutting edge technologies to speed the development of safe and effective medicines and vaccines;
- Conducting clinical trials to test new and existing therapies for their use in the treatment of COVID-19;
- Expanding the private sector's unique manufacturing capabilities in an unprecedented way to respond to this crisis and making at-risk investments today to scale-up manufacturing capacity in order to provide worldwide supply as quickly as possible once successful medicines and vaccines are developed;
- Collaborating with government agencies, hospitals, doctors and others to donate supplies and medicines to help those affected around the world;
- Working with governments, manufacturers, and payers to ensure that when new medicines and vaccines are approved, they will be available and affordable for everybody who needs them;

- Ensuring that medicines and vaccines are made accessible to patients around the world by using differential pricing to account for each country's social and economic capacities, while complying with antitrust regulations by keeping pricing policies and approaches confidential;
- Implementing strong contingency plans to ensure continuity of supply chains for medicines and other health products needed to respond to COVID-19;
- Upholding the highest standards of ethics and business integrity to improve patient care; and,
- Continuing to support the broader healthcare ecosystem and infrastructure to ensure resilience, efficiency, and sustainability of healthcare systems.

As we come together in solidarity across the public and private sector, we call on the G20 to:

1. Support partnerships among industry, governments, civil society, international organizations, and academia to leverage the expertise and strength of each sector to respond to the COVID-19 pandemic.
2. View private sector as an ally and solutions partner and commit to not adopt policies and decisions that could restrict access for those in need, such as national stockpiling, or ultimately hamper innovation and research and development.
3. **Strengthen dialogue among industry, governments, citizens, and regional and international procurement agencies to safeguard the continuity of immunization services during the COVID-19 pandemic and prevent the resurgence of outbreak-prone vaccine-preventable diseases such as measles.**
4. **Refrain from constraining prevention budgets for communicable and non-communicable diseases and enhance the resilience of health systems in the COVID-19 recovery phase with longer-term investment in preventative interventions across the life-course.**
5. Refrain from imposing trade or other policy restrictions, and work in concert in a spirit of solidarity to minimize trade disruption in medicines, vaccines, and their component parts, essential medical products, data and other goods or services needed to respond to this crisis.
6. Encourage national regulatory agency collaboration and use of reliance approaches and regulatory agility for an effective and efficient response to COVID-19, as well as for the continued research, development and supply of essential medicines and vaccines.
7. **Ensure the highest standards of ethics and business integrity are preserved throughout and following the crisis in close coordination with the entire biopharmaceutical industry as well as the broader G20 business community, including in such areas as procurement, customs, and donations.**
8. Identify ways to work with the broader healthcare ecosystem and infrastructure to ensure resilience, efficiency, coordination, and sustainability of healthcare systems, so that scarce resources can continue to be allocated to what most matters to patients and society in a manner which maintains and builds public trust and confidence in healthcare systems.
9. Continue to foster a policy environment which promotes research and development and effective intellectual property protection, gives impetus to innovations and advances in health, as well as incentivizes stakeholders to undertake risky investments into the discovery of new products.
10. Recognize that intellectual property has enabled several medicines and vaccines currently being tested for additional use in the fight against the COVID-19 virus and has not been an impediment to the common goal of ending this pandemic.

11. In view of other emerging global health threats, publish national roadmaps for the development and implementation of new economic incentives and market reforms for antibiotics over the next five years and report progress annually at G20 summits, to attract sustainable and robust investment into AMR R&D. These reforms need to properly reflect the full benefits these medicines bring to the world at large and ensure society has access to treatments for accelerating bacterial resistance.

While our focus is on COVID-19 today, the biopharmaceutical industry looks to the G20 to pave the way to a future where health systems are resilient; where partnership across public and private actors is leveraged to highlight the expertise of each sector; and where investment in health is recognized as an essential component of the sustainability of economies and societies.

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Gates Foundation's Annual Goalkeepers Report Shows COVID-19 Has Stalled 20 Years of Progress, Calls for Global Response to End the Pandemic

Report shows how economic damage has reinforced inequities and derailed achievement of the UN Sustainable Development Goals; spotlights countries innovating to meet challenges

SEATTLE, SEPTEMBER 14, 2020 – The Bill & Melinda Gates Foundation today launched its fourth annual Goalkeepers Report, featuring new data showing how the ripple effects of COVID-19 have stopped 20 years of progress toward the United Nations Sustainable Development Goals (Global Goals).

The report provides the most current global dataset for how the pandemic is affecting progress toward the Global Goals. It shows that by nearly every indicator, the world has regressed. Because of COVID-19, extreme poverty has increased by 7%. Vaccine coverage, a good proxy measure for how health systems are functioning, is dropping to levels last seen in the 1990s, setting the world back about 25 years in 25 weeks.

Economic damage from COVID-19 is reinforcing inequalities. The pandemic has had a disproportionate impact on women, racial and ethnic minority communities, and people living in extreme poverty. Around the world, women are facing an increased burden from rising demands in total unpaid care work and experiencing the majority of job losses. In the United States, the percentage of Black and Latinx people who say they cannot pay their rent is twice the percentage of white people.

Despite the bleak projections, Bill and Melinda Gates describe a path to ending the pandemic and resuming progress toward the Global Goals. In the report, which they co-author every year, they call on the world to collaborate on the development of diagnostics, vaccines, and treatment; manufacture tests and doses as quickly as possible; and deliver these tools equitably based on need rather than the ability to pay. There are currently several viable strategies to help achieve an equitable outcome, including the Access to COVID-19 Tools (ACT) Accelerator, the most serious collaborative effort to end the pandemic, which brings together proven organizations like Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

"The response to the COVID-19 pandemic has shown us some of the best of humanity: pathbreaking innovation, heroic acts by frontline workers, and ordinary people doing the best they can for their families, neighbors, and communities," Bill and Melinda Gates write. "This is a shared global crisis that demands a shared global response."...

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COVID-19 Vaccines: Development, Diplomacy

Editor's Note:

We very selectively include content from general media in this section, primarily when it provides critical information not captured elsewhere, as below.

China and Russia are ahead in the global coronavirus vaccine race, bending long-standing rules as they go



A booth displaying a coronavirus vaccine candidate from China National Biotec Group, a unit of the state-owned pharmaceutical giant Sinopharm, at a trade fair in Beijing on Sept. 4. (Tingshu Wang/Reuters)

By [Eva Dou](#) and [Isabelle Khurshudyan](#)

The Washington Post

September 18, 2020 at 2:07 p.m. EDT

SEOUL — China and Russia have begun a mass rollout of their coronavirus vaccines before clinical tests are complete, in what is emerging as an unexpectedly complex geopolitical challenge for the United States.

China's Sinopharm announced this week that it would provide emergency doses of one of its two trial vaccines to the United Arab Emirates, prioritizing the U.S. ally over the vast majority of Chinese. China is now the sole supplier of [coronavirus](#) vaccine to the Middle East.

Meanwhile, Russia's sovereign wealth fund signed a deal this week to supply India with 100 million doses of the Sputnik V vaccine.

These moves have thrown Western policymakers off balance. American health-care experts say the United States should not rush out its own vaccine in response. But that leaves China and Russia as the only countries wielding this valuable diplomatic tool for potentially months to come.

The upshot is that by next year, China and Russia may have purchased significant geopolitical power by having bent the rules and rushed out their vaccines. It is also possible their vaccines may fail, at enormous human cost.

"It's really insane and a terrible idea," [Arthur Caplan](#), head of the division of medical ethics at New York University's Grossman School of Medicine, said of China and Russia not waiting for the results of Phase 3 trials. "It's staggeringly hard to comprehend."

Kirill Dmitriev, head of the Russian Direct Investment Fund, which bankrolled Russia's vaccine efforts, said Russia's decision to roll out Sputnik V before the completion of Phase 3 trials has been validated by other countries now doing the same.

"The criticism was that you cannot register a vaccine before Phase 3," Dmitriev said. "But after this, China registered a vaccine, the UAE registered a vaccine before completion of Phase 3, and both Britain and the U.S. said publicly they're considering registering a vaccine before Phase 3. So this part of the criticism is gone."

In recent days, President Trump has pressed for faster release of an American vaccine, while U.S. pharmaceutical companies have [resisted](#) the idea of taking a shortcut around long-established safety protocols.

Hundreds of thousands of people in China, including diplomats, the military, front-line health workers and employees of state-owned enterprises, have received Sinopharm's vaccines under urgent-use stipulations, according to state media reports last week. But even as the rest of the country awaits access, Beijing has begun deploying vaccines abroad to regions where it is seeking to expand its influence.

Aside from the UAE collaboration, Sinopharm is also running Phase 3 trials in Jordan and Bahrain.

[Egypt announced](#) on Sept. 11 that it will also begin trials with Sinopharm, three days after the British-Swedish drugmaker AstraZeneca paused its clinical trial because of a "potentially

unexplained illness.” The trial has since resumed, although not in the United States. Egypt signed a deal with AstraZeneca in July to purchase 30 million doses of its vaccine. Caplan said of these geopolitical dynamics: “Yeah, it’s a problem.”

Officials in Moscow said this week that initial doses of the Sputnik V vaccine have been delivered to all regions of Russia, with health-care workers and teachers the first to receive access.

India, Brazil, Mexico and Kazakhstan have agreed to purchase Sputnik V.

For China, the moves represent an enormous gamble. As the country where the novel coronavirus originated, it has sought to make amends and blunt international fury. But some of its earlier efforts ended up backfiring, such as when batches of masks and other personal protective equipment exported from China were [found to be defective](#).

The stakes are far higher with vaccines. Physicians say there is a risk of rare but severe side effects that do not present in small-scale trials, which is why large-scale Phase 3 trials are usually conducted for months before a vaccine is approved for sale. Safety issues could also emerge because of rushed manufacturing.

But if China’s bet pays off — if its vaccines prove to be safe and effective — it could cement its lead over the West in economic recovery in 2021, while also using the vaccine as a powerful diplomatic tool.

Picking winners

Even as China and Russia speed ahead with vaccine deployment, there will not be enough doses for everyone, necessitating decisions about who gets priority. Both countries estimate they can produce enough vaccine in the first year for a fraction of their populations.

Last week, Zhou Song, a Sinopharm executive, told state radio that the company expected an initial output of 300 million doses a year. At two doses per person, that would cover a tenth of China’s population. The vaccines will be more broadly available in December, he said.

China has a total of four vaccine candidates in Phase 3 testing, and their makers have scattered across the world to run trials. Executives have explained that China has so few coronavirus cases that it is hard to run the trials at home.

But this overseas testing has also been diplomatically expedient for Beijing, as it is essentially an early-access pass to vaccines that China can offer developing nations. Countries that have signed up to run Phase 3 trials of Chinese coronavirus vaccines include Argentina, Bahrain, Brazil, Bangladesh, Egypt, Indonesia, Jordan, Morocco, Peru, Russia, Saudi Arabia and the UAE. The Russian Direct Investment Fund said it expects to have 30 million doses produced in Russia by the end of the year — enough for roughly 20 percent of the population.

But while the domestically produced doses of Sputnik V will be reserved for Russians, the investment fund plans to manufacture larger quantities of the vaccine abroad for international sale.

Russian Health Minister Mikhail Murashko told the state-run Tass news agency this week that of the announced 40,000 volunteers for Phase 3 trials, more than 300 had been vaccinated so far. That does not include the health-care workers or teachers who volunteered for vaccination, and it was unclear how many have done so.

Murashko added that the vaccine will be more widely available to the general population in late November or December. Russia's Health Ministry did not respond to a request for comment.

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State News Announcement

Rapid progress made in developing vaccine - China

Updated: 2020-09-17 *China Daily Global*

Expert says it may be available for public use as early as November

Research and development on COVID-19 vaccines in China is progressing rapidly, and they may be available for public use as early as November, a senior virologist said.

Five of the nine COVID-19 vaccines that have entered phase 3 clinical trials globally are being developed in China, and they have produced satisfying trial results, said Wu Guizhen, chief biosafety expert at the Chinese Center for Disease Control and Prevention. A vaccine usually has to complete three phases of trials before gaining market approval.

None of the people who have received candidate COVID-19 vaccines developed by China for emergency use have exhibited serious side effects or contracted the novel coronavirus, Wu said.

"It is expected that ordinary people can receive COVID-19 vaccination in November or December," she said. "We expect the vaccinations will remain effective for between one and three years."...

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Media Release

RDIF and Dr. Reddy's to cooperate on clinical trials and supply of 100 million doses of Sputnik V vaccine to India

Sep 16, 2020 MOSCOW and HYDERABAD, India, Sept. 16, 2020 /PRNewswire/ -- The Russian Direct Investment Fund (RDIF), Russia's sovereign wealth fund, and Dr. Reddy's Laboratories Ltd. (Dr. Reddy's), a global pharmaceutical company headquartered out of India, have agreed to cooperate on clinical trials and distribution of Sputnik V vaccine in India.

Upon regulatory approval in India, RDIF shall supply to Dr. Reddy's 100 million doses of the vaccine. The Sputnik V vaccine, which is based on well-studied human adenoviral vector platform with proven safety, is undergoing clinical trials for the coronavirus pandemic. Deliveries could potentially begin in late 2020 subject to completion of successful trials and registration of the vaccine by regulatory authorities in India.

The agreement between RDIF and Dr Reddy's reflects the growing awareness of countries and organizations to have a diversified anti-COVID vaccine portfolio to protect their populations.

Kirill Dmitriev, CEO of the Russian Direct Investment Fund, said: "We are very pleased to partner with Dr.Reddy's in India. Dr. Reddy's has had a very well established and respected presence in Russia for over 25 years and is one of the leading pharmaceutical companies in India. **India is amongst most severely impacted countries from COVID 19 and we believe our human adenovirus dual vector platform will provide a safe and scientifically validated option to India in the battle against COVID 19.**

RDIF partners will receive an effective and safe drug to fight the coronavirus. The platform of human adenoviral vectors, which is the core of the Russian vaccine, has been tested in more than 250 clinical studies over decades, and it has been found safe with no potential negative long-term consequences."

GV Prasad, Co-Chairman of Dr. Reddy's Laboratories stated: "We are pleased to partner with RDIF to bring the vaccine to India. The Phase I and II results have shown promise, and we will be conducting Phase-III trials in India to meet the requirements of the Indian regulators. Sputnik V vaccine could provide a credible option in our fight against COVID 19 in India."...

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Featured Journal Content

International Journal of Infectious Diseases

September 2020 Volume 98, p1-502

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Coronavirus (COVID-19) Collection

[Advancing COVID-19 vaccines – avoiding different regulatory standards for different vaccines and need for open and transparent data sharing](#)

Eskild Petersen, Christian Wejse, Alimuddin Zumla
p501–502

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Introduction

The erratic ways by which the global scientific R&D, pharma and technology community conducted themselves during epidemics such as SARS-CoV-1, Ebola virus, MERS-CoV and others, the lack of co-operation and missed opportunities for filling important knowledge gaps and having an enhancing and multiplier effect, led to the establishment of the WHO R&D Blueprint and global strategy and preparedness plan (WHO, 2020a). The Blueprint leverages the successes and addresses the gaps in order for the world to be prepared for the next pandemic(s). Previous attempts to develop a vaccine against two lethal coronaviruses, SARS-CoV-1 and MERS-CoV, generated knowledge about their structure, function and pathogenesis (Prompetchara et al., 2020, Dhama et al., 2020), although several vaccine candidates for SARS-CoV-1 and MERS-CoV failed in early-stage clinical trials, and none were advanced to licensing. However, the experience accelerated rapid development of several technological platforms which are now being used for development of COVID-19 vaccines. The explosive global spread of COVID-19 pandemic has generated international consensus in principle, between the WHO, vaccine developers, governments, funders, donors and industry, with agreement on the need to

develop an effective COVID vaccine and plans for fair and equitable rollout to all countries (Lurie et al., 2020). Important concerns during these discussions have been expressed by developing countries that only developed countries will have priority access to any new COVID 19 vaccine

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COVID-19 Vaccines: Allocation

Editor's Note:

We have not encountered any update on country pledges to the COVAX facility as of yesterday, 18 September.

COVAX: A Moment of Truth in the Pandemic

18 Sep 2020

By Richard Hatchett (CEO, CEPI), Seth Berkley (CEO, Gavi, the Vaccine Alliance), Soumya Swaminathan (Chief Scientist, WHO)

This article originally appeared on Project Syndicate on 16 Sep 2020.

As the most ambitious pandemic-response initiative ever conceived, **the COVID-19 Vaccine Global Access Facility is the best chance the world has to bring the pandemic to an end. But to succeed, COVAX requires broad international buy-in, based on the recognition that no one is safe until everyone is.**

Now almost in its tenth month, the COVID-19 pandemic is still wreaking havoc on economies and lives around the world. But while the end of the crisis seems as far away as ever, the fact is that we are approaching a potential turning point. World leaders now have an opportunity to seal the deal on a global framework that puts international cooperation above vaccine nationalism in stopping the pandemic.

The moment of truth will be at midnight on September 18. That is the deadline for countries to join the COVID-19 Vaccine Global Access Facility (COVAX), an initiative launched by Gavi, the Vaccine Alliance, the World Health Organization, and the Coalition for Epidemic Preparedness Innovations. COVAX represents the best chance we have to provide people in all countries with rapid, fair, and equitable access to COVID-19 vaccines as soon as they become available. The initiative has already achieved an extraordinary scale, with more than 170 countries (representing 70% of the global population) already signaling their intent to join. At a time when most countries are undergoing unprecedented crises, governments are eager for solutions that will benefit everyone.

Nothing like COVAX has ever been attempted, and the short timeframe in which it has been assembled makes it all the more remarkable. If successful, this will be the first time that the international community has come together to ensure equitable and simultaneous access to new lifesaving pandemic interventions for rich and poor alike.

As we head into the fall, and COVID-19 continues to spread, the global death toll is approaching one million, with monthly economic losses estimated at \$500 billion. Under these conditions,

ensuring fair, universal access to vaccines is not only the right thing to do. It is also necessary if we are to bring the crisis to an end. Until everyone is protected, everyone will remain at risk of the disease, its adverse economic effects, or both.

As the only truly global approach available, COVAX's importance cannot be overstated. Although there are more than 200 COVID-19 vaccines in development, and at least 35 clinical trials underway, the vast majority are likely to fail. Historically, candidate vaccines at the preclinical stage have less than a 10% chance of succeeding. And of those that do advance to the clinical trials stage, only around 20% will ultimately be approved. Given these odds, even wealthy governments that are currently negotiating bilateral deals with individual vaccine manufacturers cannot guarantee access to a vaccine on their own.

By contrast, COVAX is specifically designed to maximize the chances of success by investing in the development and manufacture of a large number of vaccine candidates at the same time. With the world's largest and most diverse vaccine portfolio – which currently comprises nine candidates already in development and a further nine or more under evaluation – COVAX will act as a global insurance policy. Under this framework, member countries that have bilateral deals will still have vaccine access options in the event that those gambles fail, and the majority of countries that have no other options will be extended a critical lifeline.

COVAX's initial aim is to have two billion vaccine doses available by the end of 2021, as that should be enough to protect high-risk/vulnerable populations and frontline health-care workers. But to hit that target, we first need the legally binding commitments of as many countries as possible.

After the sign-up deadline of September 18, the priority will be to complete the development and testing process to ensure that all forthcoming vaccines are both effective and safe. COVAX will need to put in place agreements with drug manufacturers, so that it can begin delivering vaccines at scale as soon as they are approved. And donor funds will be needed to subsidize the purchase of vaccines for low- and lower-middle-income countries.

But even with financial solutions in place, the process of distributing vaccines will pose significant challenges. The delivery of COVID-19 vaccines will be the single largest vaccine deployment the world has ever seen, and it will have to be executed at a time when misinformation (the "infodemic") is threatening to undermine public confidence in vaccine safety.

Though the pandemic is far from over, we at least have a global solution in sight. COVAX represents the best hope that we have for bringing a prompt end to the crisis. When people look back and marvel at how quickly the scientific community and development practitioners responded to the COVID-19 threat, they will be able to point to the speed with which governments put aside national interests in the name of international cooperation and solidarity. Whatever specific moment future historians choose as the pandemic's turning point, there will be little doubt that the creation and widespread adoption of the COVAX framework played an indispensable role in ending it.

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The Lancet

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

Comment

Legal agreements: barriers and enablers to global equitable COVID-19 vaccine access

Alexandra L Phelan, Mark Eccleston-Turner, Michelle Rourke, Allan Maleche, Chenguang Wang

Law can serve as both an enabler and a barrier to global health, equity, and justice.¹ The impact of legal determinants of health on the COVID-19 pandemic is evident where law is being used as a mechanism to enable or prevent global equitable access to COVID-19 vaccines.

Barriers to equitable access are partly driven by vaccine nationalism² with governments seeking to use law to secure priority access to future vaccines through Advance Purchase Agreements (APAs) with vaccine manufacturers. These bilateral legal agreements can be in a nation's interest, but given the uncertain success of individual COVID-19 vaccine candidates and the global spread of SARS-CoV-2, APAs are a gamble and erode collaboration between countries. Importantly, such bilateral legal agreements are likely to contribute to inequities and potentially extend the pandemic's time frame. By contrast, multilateral legal agreements could be the path back to global health security and justice by re-establishing norms of international solidarity, committing to global equitable vaccine access initiatives, and laying a foundation for a post-pandemic era built on multilateralism and cooperation.

In the lead-up to the World Health Assembly (WHA) in May, 2020, current and former politicians and civil society leaders from around the world, including the President of Ghana, Nana Akufo-Addo, the Prime Minister of Pakistan, Imran Khan, and the President of South Africa and Chair of the African Union, Cyril Ramaphosa, called for a "bold international agreement" that guarantees global equitable access to vaccines as global public goods.³ At the WHA, China's President Xi Jinping stated that any Chinese vaccine developed will be a "global public good", and contribute to "ensuring accessibility and affordability in developing countries".⁴ The only resolution adopted during the truncated WHA recognised immunisation, rather than vaccines themselves, as a global public good.⁵ However, since then, **the global legal landscape has shifted from a rhetoric of global public goods to a reality largely based on nationalism.** According to WHO, there are more than 170 COVID-19 candidate vaccines in development.⁶ Although only eight of those vaccine candidates are now in phase 3 trials,⁷ some wealthy nations have secured more than 2 billion doses of potential future COVID-19 vaccines using APAs.⁸

APAs are legally binding contracts whereby one party, such as a government, commits to purchasing from a vaccine manufacturer a specific number or percentage of doses of a potential vaccine at a negotiated price if it is developed, licensed, and proceeds to manufacture. These bilateral agreements often secure priority access to vaccine and manufacturing capacity. Governments of countries that disagree with the ethics and effectiveness of APAs or that do not have the financial resources to purchase vaccines at comparable prices or engage in commercial negotiations are at risk of not having access to vaccines when they first become available and of having access delays while manufacturing capacity is fulfilled first by wealthy countries' orders. This was the case during the 2009 influenza A H1N1 pandemic when many APAs held by high-income countries (HICs) were used to secure their priority access to vaccine, making

procurement in other countries more difficult.⁹ **APAs were used so extensively in 2009 that more than 56% of pandemic influenza vaccine manufacturers surveyed by WHO were unable to commit to guaranteeing 10% of real-time vaccine production for purchase by UN agencies due to pre-existing commitments under APAs with HICs.**¹⁰ Governments that enter into APAs for candidate vaccines that do not demonstrate evidence of safety and efficacy also risk not getting immediate or sufficient access to successful vaccine candidates.

APAs are not always legal tools for vaccine nationalism but can be used by global health organisations to secure vaccines for low-income and middle-income countries (LMICs) as part of an Advanced Market Commitment (AMC). Global health organisations, most notably Gavi, The Vaccine Alliance, have used donor-funded AMCs to enter into APAs with vaccine manufacturers to supply a guaranteed number of vaccine doses to countries with limited profit-based markets; AMCs were used in this way for childhood pneumococcal vaccines and Ebola vaccines.¹¹ In June, 2020, Gavi established the COVID-19 Vaccine Global Access (COVAX) AMC to use funds from donors and HIC governments to purchase a guaranteed volume supply of COVID-19 vaccines to be distributed to LMICs participating in the COVAX Facility.¹²

Launched in April, 2020, and co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO, the COVAX Facility is a platform for all participating governments to access a diversified portfolio of COVID-19 vaccines when they become available, distributing risk across multiple vaccine candidates. The COVAX Facility aims to have enough doses of COVID-19 vaccines for at least 20% of participating countries' populations, with a goal of 2 billion doses by the end of 2021. Civil society has criticised COVAX for negotiating prices that include profit rather than vaccines at cost as a global public good, the lack of transparency of contracts entered into with vaccine manufacturers, limits on civil society participation, failure to address potential impacts of intellectual property rights on pandemic vaccines, and governance questions, including the role of WHO and limited experience procuring vaccines for middle-income countries and HICs.¹³ The latter point led the EU to decline using the COVAX Facility for purchasing vaccines, stating that bilateral APAs enable it to access vaccines faster and at a lower cost. **On Aug 24, 2020, the WHO Director-General noted that although 172 countries are in discussions about joining the COVAX Facility, more support, particularly from wealthy countries, is "urgently needed" to "secure enough doses to rollout the vaccines" and address equitable vaccine access.**¹⁴ Despite not participating in the COVAX Facility for purchasing its own COVID-19 vaccines, on Aug 31, 2020, the EU made a €400 million commitment to participation in parallel to existing APAs.¹⁵

Allocation questions for COVID-19 vaccines have focused on equitable distribution within countries, including prioritising vulnerable populations and health-care and essential workers. However, justice also demands consideration of the equitable vaccine distribution between countries. **Under the Pandemic Influenza Preparedness (PIP) Framework—the only international legal instrument for the global equitable distribution of vaccines—WHO intends to distribute pandemic influenza vaccines that are secured under contracts with manufactures to countries on the basis of public health risk and needs.**¹⁶ However, in a pandemic with a restricted supply of available vaccine, public health need alone is unlikely to guide decisions, especially in the early stages of vaccine distribution when supply will be limited and the need will be equally high across many countries. Furthermore, unlike pandemic influenza, there is not an international

legal instrument, agreed to by all WHO member states, for COVID-19. **Nor is there yet public international agreement on how distribution of COVAX Facility (or alternative platforms) vaccines should occur. WHO has developed a proposal for a Global Framework to Ensure Equitable and Fair Allocation of COVID-19 Products, highlighting how a global access mechanism would distribute risk and maximise equitable allocation between countries; however, the legal process and form for adoption of such a framework has not been publicly proposed.**¹⁷ Despite the lack of a specific international agreement for COVID-19 vaccines, 171 countries already have legally binding obligations under the International Covenant on Economic, Social, and Cultural Rights (1966) to take steps, individually and through international assistance, to realise the right to health and the right to enjoy the benefits of scientific research and its applications, without discrimination. Respecting, protecting, and fulfilling these rights in the context of COVID-19 would mean ensuring that COVID-19 vaccines are available, accessible, acceptable, and of good quality, in all countries.¹⁸

Multilateral commitment is needed to help pre-empt an additional legal risk arising from vaccine nationalism that could render multilateral and some bilateral APAs ineffective, such as the use of government export controls. During the 2009 influenza A H1N1 pandemic, governments in HICs with vaccine manufacturers restricted export of vaccines until domestic needs had been met.¹⁹ As a result, even where governments or international institutions have entered into APAs, vaccine nationalism in the country of manufacture could embargo or requisition vaccines, delaying global distribution.

Any international governance platform for COVID-19 vaccines, including the COVAX Facility or a new mechanism, will only succeed if there is global momentum and commitment to global equitable COVID-19 vaccine access, particularly from HICs. Yet many HICs are currently driving the proliferation of bilateral APAs, entrenching nationalism, and directing future vaccine distribution. In November, 2020, countries will meet for the second part of the pandemic segmented WHA. This meeting might be the last chance all countries have to adopt an international instrument and agree on a mechanism for COVID-19 vaccines before they become available. Any international COVID-19 vaccine allocation framework, even as a non-binding resolution, must establish governance principles, including accountability, transparency, and participation, and define decision makers, increase country commitments to financing and acceptable conduct, and set principles and a mechanism for equitable distribution within and, importantly, between countries. Such an agreement is necessary to protect human rights and ensure transparency, accountability, participation, and equity.³ Finally, at the G20 in late November, 2020, HICs have a crucial opportunity to choose the world we will face if successful COVID-19 vaccines are developed: one where law is not a barrier but a tool for achieving global health equity with justice.

ALP is a consultant for WHO and has previously consulted to Gavi, The Vaccine Alliance. ME-T has previously consulted for WHO on equitable access to pandemic influenza vaccines. ALP, ME-T, and MR are supported by the Arts and Humanities Research Council of the UK, grant: AH/V006924/1. AM and CW declare no competing interests.

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WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination, 14 September 2020

World Health Organization

14 September 2020 :: 13 pages

PDF: [WHO-2019-nCoV-SAGE Framework-Allocation and prioritization-2020.1-eng.pdf](#)

Executive Summary

This Values Framework offers guidance globally on the allocation of COVID-19 vaccines between countries, and to offer guidance nationally on the prioritization of groups for vaccination within countries while supply is limited. The Framework is intended to be helpful to policy makers and expert advisors at the global, regional and national level as they make allocation and prioritization decisions about COVID-19 vaccines. This document has been endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE).

The Framework articulates the overall goal of COVID-19 vaccine deployment, provides six core principles that should guide distribution and twelve objectives that further specify the six principles (Table 1). To provide recommendations for allocating vaccines between countries and prioritizing groups for vaccination within each country, the Values Framework needs to be complemented with information about specific characteristics of available vaccine or vaccines, the benefit-risk assessment for different population groups, the amount and pace of vaccine supply, and the current state of the epidemiology, clinical management, and economic and social impact of the pandemic. Hence, the final vaccination strategy will be defined by the characteristics of vaccine products as they become available.

SAGE is currently engaged in the process of applying the Values Framework to emerging evidence on specific vaccines, and the evolving epidemiology and economic impact of the pandemic. The first stage of this process was the identification of populations and sub-populations which would be appropriate target groups for prioritization under the various values-based objectives in the Framework (Table 2), before data on Phase 3 vaccine performance are not yet available. Specific priority group recommendations for specific vaccines will be made as vaccine products become authorized for use; initial vaccine specific policy recommendations are expected in the final quarter of 2020 or early 2021, depending on timing of and findings from phase 3 vaccine trials.

The Framework also complements the principles on equitable access and fair allocation of COVID-19 health products developed for the ACT Accelerator COVAX facility.

Framework Goals and Principles at a Glance

Overarching goal

COVID-19 vaccines must be a global public good. The overarching goal is for COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world.

Principles

Human Well-Being

Protect and promote human well-being including health, social and economic security, human rights and civil liberties, and child development.

Equal Respect

Recognize and treat all human beings as having equal moral status and their interests as deserving of equal moral consideration.

Global Equity

Ensure equity in vaccine access and benefit globally among people living in all countries, particularly those living in low-and middle-income countries.

National Equity

Ensure equity in vaccine access and benefit within countries for groups experiencing greater burdens from the COVID-19 pandemic.

Reciprocity

Honor obligations of reciprocity to those individuals and groups within countries who bear significant additional risks and burdens of COVID-19 response for the benefit of society.

Legitimacy

Make global decisions about vaccine allocation and national decisions about vaccine prioritization through transparent processes that are based on shared values, best available scientific evidence, and appropriate representation and input by affected parties.

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Statement on COVID-19 Immunization and Equitable Access to Vaccines

World Federation of Public Health Associations [WFPHA] - Taskforce on Immunization
Friday, 18 September 2020

Immunization is one of the most successful public health measures of modern times. In fact, according to a World Health Organization (WHO) report on the prevention of infectious diseases, it is second only to clean water (WHO 2008). Annually immunization prevents an estimated 2.5 million deaths globally and reduces disease-specific treatment costs (WHO 2018).

For all the devastation caused by COVID-19, an important lesson is that the balance needs to shift from treating disease to preventing it. Immunization has an important role to play in prevention not only for infants but throughout life as a key component of healthy ageing. It saves, prolongs and improves the quality of lives, at the same time that it saves time and other resources, leading to sustainable healthcare systems (UK Chief Medical Officers' Guidelines 2011). Further, immunization has positive long-term impact, contributing to make communities healthier and promote social and economic development.

GAVI, WHO and UNICEF have warned that 80 million children under the age of one are at risk of disease due to disruptions to vital immunisation programmes because of COVID-19 (2). Specific to COVID-19, almost everyone is at risk and may require vaccination if given the opportunity. Hence, it is likely that demand will surpass supply. The concern of the WFPHA Immunisation Taskforce is the tendency for the rich to acquire and pay for the limited supply of available efficacious vaccines to the detriment of the at-risk populations in low income settings.

Not surprisingly, the race to produce a safe and efficacious vaccine for COVID-19 has been on-going and there are indications that success may not be too far away. An important lesson that experience has taught us from previous immunization programs is that, even when effective vaccines are available, vulnerable persons in low income settings usually do not have access to these vaccines for some time, if at all. There is a myriad of reasons for this state of affairs. These include (among others) high cost of vaccination programs for countries, health systems, families and individual, individual's poor geographical access to vaccination centres, and

inadequate supply of available vaccines due to competition. To worsen matters, GAVI (The Vaccine Alliance) indicated (prior to COVID-19) its intention to wean itself off such funding support.

Therefore, the WFPHA Immunisation Taskforce recommends:

1. The international community should widen the process of coming together to support research and development of effective COVID-19 vaccines from multiple centres.
2. The international community should establish a COVID-19 vaccination fund to support needy but resource-constrained countries.
3. Supporting the World Health Organization in its efforts to coordinate the response to COVID-19 and in the development of an appropriate vaccine.
4. National authorities should financially support the WHO and invest in strengthening national health systems with a particular focus on sustainable immunization programs.
- 5. GAVI should continue to work for equitable distribution of any effective vaccine against COVID-19 and postpone any plans of withdrawing funding support to developing countries.**

References

GAVI (2020) COVID-19: massive impact on lower-income countries threatens more disease outbreaks <https://www.gavi.org/news/media-room/covid-19-massive-impact-lower-income-countries-threatens-more-disease-outbreaks>

WHO (2008) Vaccination greatly reduces disease, disability, death and inequity worldwide. Available at: <https://www.who.int/bulletin/volumes/86/2/07-040089/en/>. Last accessed: June 2019.

WHO (2018) Vaccines: the powerful innovations bringing WHO's mission to life every day. Available at: <https://www.who.int/news-room/commentaries/detail/vaccines-the-powerful-innovations-bringing-who-s-mission-to-life-every-day>. Last accessed: May 2019.

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IVAC [to 19 Sep 2020]

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

Updates; Events

Webinar Recording: Avoiding Barriers to Access for a COVID-19 Vaccine

The International Vaccine Access Center (IVAC) hosted a webinar on September 16th, Description: Even before the COVID-19 pandemic, countries worked to overcome a myriad of challenges when introducing new safe and effective vaccines. While policy makers and health advocates addressed barriers, from understanding disease burden and cost effectiveness to establishing cold chain systems, preventable diseases spread, sicken populations, and cost lives. Learning from the past failures of vaccine introductions will be crucial for ensuring equitable access to a COVID-19 vaccine. Leaders and scientists in the international vaccine field discussed

the barriers to vaccine access we must overcome to avoid and the role the international community will play in promoting equity in delivering a COVID-19 vaccine.

The webinar featured a presentation by Jerome Kim, MD, Director General, IVI.

Watch: <https://youtu.be/5U6SYVqhquY>

Slides: https://www.jhsph.edu/ivac/wp-content/uploads/2020/09/Presentation_Barriers-to-Vaccine-Access.pdf

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EMERGENCIES

Coronavirus [COVID-19]

Public Health Emergency of International Concern (PHEIC)

Weekly Epidemiological and Operational updates

last update: 11 September 2020, 20:00 GMT-4

Confirmed cases :: 30 369 778 [week ago: 28 329 790]

Confirmed deaths :: 948 795 [week ago: 911 877]

Weekly Epidemiological Update

Coronavirus disease 2019 (COVID-19)

14 September 2020

Global epidemiological situation

In the week from 7 through 13 September, there were over 1.8 million new cases of COVID-19, comparable to the previous seven days (Table 1); while deaths increased slightly as compared to the previous week, with over 40 600 deaths reported.

The Region of the Americas has consistently registered the greatest number of reported cases for many weeks. It continues to account for nearly half of the global total of cases even as cases have declined in the reporting week. The African Region also showed a decline in reported cases this week and was the only region to report a decline in deaths.

The European region reported the third-highest number of new cases, amounting to 16% of the global total, and is the region with the second-highest cumulative number of cases per million population (5 172 cases per million population).

In recent weeks schools have been re-opening in a number of countries throughout the six WHO regions. WHO has published both a Question and Answer and guidance on considerations for school-related public health measures in the context of COVID-19...

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WHO Director-General's opening remarks at the media briefing on COVID-19 - 18 September 2020

18 September 2020

:: COVID-19 has shown that collectively, the world was woefully under prepared.

:: In its new report, the Global Preparedness Monitoring Board lays out the key lessons the world must learn from the pandemic and the concrete actions we can take to protect ourselves.

:: With the right political and financial commitment and investment now, we can prevent and mitigate future pandemics.

:: This is a critical moment for countries and we ask leaders to put targeted measures in place that we know can suppress the spread and ensure that health systems and workers are protected.

:: For people also, we ask you to continue to do the basics.

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Emergencies

POLIO

Public Health Emergency of International Concern (PHEIC)

Polio this week as of 17 September 2020

:: The Polio Oversight Board (POB) held its second meeting of the year virtually to discuss the programme's financial requirements for 2021, to receive an update on the recommendations of the GPEI Governance Review and to consider a proposal to develop a new polio programme strategy. [Read more](#) on the meeting [10 pages].

:: When the COVID-19 pandemic struck, the acute challenges it posed to both polio and immunization activities presented an unprecedented opportunity to coordinate and reimagine collaboration. **Given the new context, the focus of the work shifted to develop an interim Programme of Work for Integrated Actions in the context of COVID-19 (iPOW). [The draft iPOW](#) summarizes the current level of integration between GPEI and EPI and, more importantly, identifies critical actions across key priority areas of work to drive synergies and materialize efficiency gains by building on initiatives accelerated by COVID-19 to ensure a successful resumption of all immunization activities. iPOW is open for stakeholder consultation until October 1st, 2020.**

:: The GPEI established an nOPV2 Working Group to manage and coordinate the rapid and effective rollout of nOPV2. The group includes representatives from each of the GPEI partner organizations and focuses on research, regulatory, supply, communications, policy, and implementation readiness activities. Take a look at an [updated information sheet](#) detailing the structures and linkages of the Working Group.

Summary of new WPV and cVDPV viruses this week (AFP cases and environmental samples):

:: ***Afghanistan:*** two WPV1 cases, one WPV1 positive environmental sample and nine cVDPV2 cases

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

:: ***Democratic Republic of the Congo*** (DR Congo): nine cVDPV2 cases

:: ***Somalia:*** one cVDPV2 case and two positive environmental samples

:: ***Sudan:*** one cVDPV2 case

:: ***Mali:*** one cVDPV2 positive environmental sample

:: ***Central African Republic:*** one cVDPV2 case

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Emergencies

Ebola – DRC+

Last *WHO Situation Report* published 23 June 2020

Last *WHO DON* published 3 July 2020

Editor's Note:

After this edition, we will “retire” this special section – with great appreciation to all who contributed to bringing this PHEIC under control!

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WHO Grade 3 Emergencies [to 19 Sep 2020]

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

Mozambique floods - *No new digest announcements identified*

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 19 Sep 2020]

Burkina Faso [in French]

:: L'Organisation mondiale de la Santé encourage les pays de la Région africaine à promouvoir des médicaments traditionnels sûrs et efficaces 18 septembre 2020

Afghanistan - *No new digest announcements identified*

Angola - *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 floods 2019 - *No new digest announcements identified*

Iraq - *No new digest announcements identified*

Libya - *No new digest announcements identified*

Malawi Floods - *No new digest announcements identified*

Measles in Europe - *No new digest announcements identified*

MERS-CoV - *No new digest announcements identified*

Mozambique - *No new digest announcements identified*

Myanmar - *No new digest announcements identified*

Niger - *No new digest announcements identified*

occupied Palestinian territory - *No new digest announcements identified*
HIV in Pakistan - *No new digest announcements identified*
Sao Tome and Principe Necrotizing Cellulitis (2017) - *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 19 Sep 2020]

Chad - *No new digest announcements identified*
Djibouti – *Page not responding at inquiry*
Kenya - *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 Humanitarian Update No. 18 As of 17 September 2020

Yemen

- *No new digest announcements identified*

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UN OCHA – Corporate Emergencies

When the USG/ERC declares a Corporate Emergency Response, all OCHA offices, branches and sections provide their full support to response activities both at HQ and in the field.

COVID-19

:: Coronavirus disease 2019 (COVID-19) Situation Report 44: occupied Palestinian territory, issued 17 September 2020, information for period: 5 March - 17 September 2020

East Africa Locust Infestation

:: Desert Locust situation update - 18 September 2020

The Desert Locust situation continues to improve in Southwest Asia and there are initial signs of improvement in parts of East Africa. Nevertheless, it remains serious in **Yemen** and other areas of the Horn of Africa. The developing situation is being watched closely along both sides of the Red Sea where it could deteriorate as a result of swarm breeding...

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WHO & Regional Offices [to 19 Sep 2020]

WHO and UNICEF recommit to accelerating health and well-being at all ages

New partnership calls for key actions in universal health coverage, mental health, emergencies and nutrition

18 September 2020 *News release* Geneva

[See Milestones above for detail]

Keep health workers safe to keep patients safe: WHO

17 September 2020 *News release* Geneva

The World Health Organization (WHO) is calling on governments and health care leaders to address persistent threats to the health and safety of health workers and patients.

"The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe. WHO's Health Worker Safety Charter is a step towards ensuring that health workers have the safe working conditions, the training, the pay and the respect they deserve."

The pandemic has also highlighted the extent to which protecting health workers is key to ensuring a functioning health system and a functioning society.

The Charter, released today for World Patient Safety Day, calls on governments and those running health services at local levels to take five actions to better protect health workers. These include steps to protect health workers from violence; to improve their mental health; to protect them from physical and biological hazards; to advance national programmes for health worker safety, and to connect health worker safety policies to existing patient safety policies...

WHO's three messages for UN75

15 September 2020 *News release* Geneva, Switzerland

...The first is about equitable access to COVID-19 tools...

...The second message is about maintaining the momentum towards achieving the sustainable development goals. The pandemic risks unravelling decades of gains made in health and development...

...Finally, we must prepare for the next pandemic together, now. COVID-19 has shown us that the world was woefully unprepared – despite the many warning signs and warnings...

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Weekly Epidemiological Record, 18 September 2020, vol. 95, 38 (pp. 449–460)

:: Progress in poliovirus containment– worldwide, 2019–2020

:: Performance of acute flaccid paralysis (AFP) surveillance and incidence of poliomyelitis, 2020

:: The Access to COVID-19 Tools (ACT) Accelerator

:: COVID-19 update

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WHO Regional Offices

Selected Press Releases, Announcements

WHO African Region AFRO

:: 19 September 2020 [Expert panel endorses protocol for COVID-19 herbal medicine clinical trials](#)

:: 17 September 2020 [WHO encouraged by South Africa's declining COVID-19 trend](#)

WHO Region of the Americas PAHO

No new digest content identified

WHO South-East Asia Region SEARO

No new digest content identified

WHO European Region EURO

:: [Self-testing for HIV at home – successful project in Bulgaria](#) 18-09-2020

:: [COVID-19: Regional coherence and a spirit of collective support are crucial](#) 18-09-2020

:: [WHO/Europe and the Turkic Council sign a new Memorandum of Understanding strengthening new partnerships in the region](#) 16-09-2020

:: [Statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe, 70th session of the WHO Regional Committee for Europe](#) 16-09-2020

:: [In brief: the 70th session of the WHO Regional Committee for Europe \(RC70\)](#) 15-09-2020

WHO Eastern Mediterranean Region EMRO

:: [Statement by WHO's Regional Director on a resurgence of COVID-19 cases in the Region](#)

15 September 2020 – Today, the situation in the Eastern Mediterranean Region is extremely worrying, with more people being infected every day. In some countries, including Iraq, Morocco, Tunisia and the United Arab Emirates, the significant increase in the number of cases is especially concerning, and highlights an urgent need for more rigorous action. While an upsurge of cases was expected...

WHO Western Pacific Region

:: 17 September 2020 | *Media Release*

[Asia Pacific health and finance ministers stress importance of universal health coverage in COVID-19 era and beyond](#)

:: 16 September 2020 | *Feature story*

[How countries in Asia and the Pacific are working towards universal health coverage and combating COVID-19](#)

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CDC/ACIP [to 19 Sep 2020]

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

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

Latest News Releases, Announcements

[Overview of Testing for SARS-CoV-2 \(COVID-19\)](#)

Updated Sept. 18, 2020

Note: This document is intended to provide guidance on the appropriate use of testing for SARS-CoV-2 in light of additional testing capacity throughout the country and does not address decisions regarding payment for or insurance coverage of such testing.

Summary of Changes

Clarifications made on September 18, 2020

Due to the significance of asymptomatic and pre-symptomatic transmission, this guidance further reinforces the need to test asymptomatic persons, including close contacts of a person with documented SARS-CoV-2 infection.

CDC Releases Indicators for Dynamic School Decision-Making

Tuesday, September 15, 2020

INDICATORS	Lowest Risk of Transmission in Schools	Lower Risk of Transmission in Schools	Moderate Risk of Transmission in Schools	Higher Risk of Transmission in Schools	Highest Risk of Transmission in Schools
Number of new cases per 100,000 persons within the last 14 days*	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days**	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
Ability of the school to implement 5 key mitigation strategies: <ul style="list-style-type: none"> • Consistent and correct use of masks • Social distancing to the largest extent possible • Hand hygiene and respiratory etiquette • Cleaning and disinfection • Contact tracing in collaboration with local health department 	Implemented <u>all 5</u> strategies correctly and consistently	Implemented <u>all 5</u> strategies correctly but inconsistently	Implemented <u>3-4</u> strategies correctly and consistently	Implemented <u>1-2</u> strategies correctly and consistently	Implemented <u>no</u> strategies

*Number of new cases per 100,000 persons within the last 14 days is calculated by adding the number of new cases in the county (or other community type) in the last 14 days divided by the population in the county (or other community type) and multiplying by 100,000.

**Percentage of RT-PCR tests in the community (e.g., county) that are positive during the last 14 days is calculated by dividing the number of positive tests over the last 14 days by the total number of tests resulted over the last 14 days. Diagnostic tests are viral (RT-PCR) diagnostic and screening laboratory tests (excludes antibody testing and PT-PCR testing for surveillance purposes). Learn more: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/calculating-percent-positivity.html>

Today, [CDC released indicators](#) to help schools make dynamic decisions about in-person learning as local conditions evolve throughout the pandemic. When coupled with local data about community spread, these indicators are an important tool to help local health officials, school administrators, and communities prepare, plan, and respond to COVID-19. These indicators are the latest resources CDC has provided for schools during the COVID-19 pandemic, and they supplement previously released CDC guidance.

To make decisions about operational conditions, like beginning, continuing, or pausing in-person learning, schools in cooperation with local health departments must be able to monitor the local spread of COVID-19 and assess their own ability to implement prevention and mitigation strategies for students, teachers, and staff. This new resource includes core and secondary indicators to help local officials and school districts assess their risk for COVID-19 introductions into and spread within their schools. The indicators reflect the mutually dependent relationship between schools and their surrounding communities. The measures do not set strict cutoffs for individual schools and school systems; they should be used as guideposts for monitoring local conditions and adjusting teaching models as needed.

Whether at higher or lower risk, schools and local officials are encouraged to use the indicators, existing guidance, and other available information as they prepare for a return to or the continuation of in-person learning, implement plans for safer operations, and quickly respond to COVID-19 cases and threats.

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[MMWR News Synopsis Friday, September 18, 2020](#)

[Cancers Associated with Human Papillomavirus in American Indian and Alaska Native Populations — United States, 2013–2017](#)

[Serial Testing for SARS-CoV-2 and Virus Whole Genome Sequencing Inform Infection Risk at Two Skilled Nursing Facilities with COVID-19 Outbreaks — Minnesota, April–June 2020](#)

[Preventing COVID-19 Outbreaks in Long-Term Care Facilities Through Preemptive Testing of Residents and Staff Members — Fulton County, Georgia, March–May 2020](#)

[Association Between CMS Quality Ratings and COVID-19 Outbreaks in Nursing Homes — West Virginia, March 17–June 11, 2020](#)

[Decreased Influenza Activity During the COVID-19 Pandemic — United States, Australia, Chile, and South Africa, 2020](#)

[Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020](#)

[SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020](#)

[Progress Toward Poliovirus Containment Implementation — Worldwide, 2019–2020](#)

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Africa CDC [to 19 Sep 2020]

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

News

No new digest content identified.

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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

Sept 19: Daily briefing on novel coronavirus cases in China

On Sept 18, 31 provincial-level regions and the Xinjiang Production and Construction Corps on the Chinese mainland reported **14 new cases of confirmed infections**.

Rapid progress made in developing vaccine

Updated: 2020-09-17 *China Daily Global*

Expert says it may be available for public use as early as November

[See COBVID above for detail]

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Announcements

Paul G. Allen Frontiers Group [to 19 Sep 2020]

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

News

No new digest content identified.

BARDA – U.S. Department of HHS [to 19 Sep 2020]

<https://www.phe.gov/about/barda/Pages/default.aspx>

BARDA News

No new digest content identified.

BMGF - Gates Foundation [to 19 Sep 2020]

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

SEPTEMBER 14, 2020

Gates Foundation's Annual Goalkeepers Report Shows COVID-19 Has Stalled 20 Years of Progress, Calls for Global Response to End the Pandemic

Report shows how economic damage has reinforced inequities and derailed achievement of the UN Sustainable Development Goals; spotlights countries innovating to meet challenges

Bill & Melinda Gates Medical Research Institute [to 19 Sep 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 19 Sep 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 19 Sep 2020]

<http://cepi.net/>

COVAX: A Moment of Truth in the Pandemic

18 Sep 2020

{See Week in Review above for detail}

EDCTP [to 19 Sep 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

No new digest content identified.

Emory Vaccine Center [to 19 Sep 2020]

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

Vaccine Center News

No new digest content identified.

European Medicines Agency [to 19 Sep 2020]

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

News & Press Releases

News: Meeting highlights from the Committee for Medicinal Products for Human Use (CHMP) 14-17 September 2020

CHMP, Last updated: 18/09/2020

... The Committee recommended granting marketing authorisations for two vaccines: MenQuadfi (meningococcal group A, C, W and Y conjugate vaccine), for prophylaxis against invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W and Y; and

Supemtek (Quadrivalent Influenza Vaccine (recombinant, prepared in cell culture)), for prophylaxis against influenza...

[News: EMA endorses use of dexamethasone in COVID-19 patients on oxygen or mechanical ventilation](#)

CHMP, Last updated: 18/09/2020

European Vaccine Initiative [to 19 Sep 2020]

<http://www.euvaccine.eu/>

Latest News

No new digest content identified.

FDA [to 19 Sep 2020]

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

Press Announcements

[September 18, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup September 18, 2020](#)

... Testing updates:

As of today, 248 tests are authorized by FDA under EUAs; these include 198 molecular tests, 46 antibody tests, and 4 antigen tests.

[September 17, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup September 17, 2020](#)

[September 16, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup September 16, 2020](#)

...On September 15, 2020, the FDA approved an abbreviated new drug application for dexmedetomidine hydrochloride in 0.9% sodium chloride injection, indicated for the sedation of initially intubated and mechanically ventilated patients during treatment in an intensive-care setting, as well as the sedation of non-intubated patients prior to and/or during surgical and other procedures.

[September 15, 2020 - Coronavirus \(COVID-19\) Update: FDA Publishes Comparative Performance Data for COVID-19 Molecular Diagnostic Tests](#)

Today, the U.S. Food and Drug Administration published comparative performance data for some authorized COVID-19 molecular diagnostic tests. The tables show the Limit of Detection (LoD) of more than 55 authorized molecular diagnostic COVID-19 tests against a standardized sample panel provided by the FDA. The FDA provided these standardized samples, known as a reference panel, to test developers who are required to assess their test's performance against this panel (or other FDA-recommended reference materials) as a condition of their Emergency Use Authorization (EUA)...

[September 15, 2020 - Coronavirus \(COVID-19\) Update: Daily Roundup September 15, 2020](#)

September 14, 2020 - Coronavirus (COVID-19) Update: Daily Roundup September 14, 2020

Fondation Merieux [to 19 Sep 2020]

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

News, Events

No new digest content identified.

Gavi [to 19 Sep 2020]

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

News releases

16 September 2020

A record-breaking year for childhood immunisation

Looking back over last year, **Gavi's 2019 Annual Progress Report** is the fourth in a series of five covering this strategic period. Highlighting key data points, milestones and partnerships, the report offers insights into our progress during what was, in many ways, a banner year for the Vaccine Alliance.

GHIT Fund [to 19 Sep 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 19 Sep 2020]

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

News/Updates

News

Global Fund Partnership Has Saved 38 Million Lives – but COVID-19 Could Wipe Out Progress

14 September 2020

A new report by the Global Fund to Fight AIDS, Tuberculosis and Malaria is a call to action to urgently invest to protect decades of progress against HIV, TB and malaria that are being derailed as a knock-on effect of the COVID-19 pandemic.

Global Research Collaboration for Infectious Disease Preparedness [GloPID-R] [to 19 Sep 2020]

<https://www.glopid-r.org/news/>

News

The Global Preparedness Monitoring Board releases report: "A World In Disorder"

16/09/2020

[See Milestones above for detail]

Hilleman Laboratories [to 19 Sep 2020]

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

No new digest content identified.

Human Vaccines Project [to 19 Sep 2020]

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

Press Release

No new digest content identified.

IAVI [to 19 Sep 2020]

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

FEATURES

September 15, 2020

[Updated: The Effects of COVID-19 on IAVI Clinical Programs](#)

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

No new digest content identified.

IFFIm

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

Announcements

No new digest content identified.

IFRC [to 19 Sep 2020]

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

Selected Press Releases, Announcements

Asia Pacific, Indonesia, Malaysia, Myanmar, Pakistan

[Asia Survey: 1 in 2 blame foreigners and rule-breakers for COVID-19](#)

Kuala Lumpur/Geneva, 17 September 2020 – A major new survey in four Asian countries reveals nearly one in two people blame specific groups for spreading COVID-19. The survey shows that people are blaming particular groups for spreading the coronavirus ...

17 September 2020

IRC International Rescue Committee [to 19 Sep 2020]

<http://www.rescue.org/press-release-index>

Media highlights {Selected}

[No new digest content identified]

IVAC [to 19 Sep 2020]

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

Updates; Events

Webinar Recording: Avoiding Barriers to Access for a COVID-19 Vaccine

The International Vaccine Access Center (IVAC) hosted a webinar on September 16th, Description: Even before the COVID-19 pandemic, countries worked to overcome a myriad of challenges when introducing new safe and effective vaccines. While policy makers and health advocates addressed barriers, from understanding disease burden and cost effectiveness to establishing cold chain systems, preventable diseases spread, sicken populations, and cost lives. Learning from the past failures of vaccine introductions will be crucial for ensuring equitable access to a COVID-19 vaccine. Leaders and scientists in the international vaccine field discussed the barriers to vaccine access we must overcome to avoid and the role the international community will play in promoting equity in delivering a COVID-19 vaccine.

The webinar featured a presentation by Jerome Kim, MD, Director General, IVI.

Video: <https://youtu.be/5U6SYVqhquY>

Slides: https://www.jhsph.edu/ivac/wp-content/uploads/2020/09/Presentation_Barriers-to-Vaccine-Access.pdf

IVI [to 19 Sep 2020]

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

Selected IVI News & Announcements

Typhoid: Study confirms Vi-DT conjugate vaccine is safe and immunogenic in children 6-23 months of age

September 17, 2020 – SEOUL, South Korea – A new study conducted by IVI in collaboration with SK bioscience shows that single-dose and two-dose regimens of Vi-DT typhoid conjugate vaccine (TCV) are safe and immunogenic in children 6-23 months of age, a group with high rates of typhoid fever in resource-limited settings. The findings from this study newly published online in The Lancet's EClinicalMedicine describe the successful completion and analysis of a Phase II clinical trial of Vi-DT six months after vaccination...

JEE Alliance [to 19 Sep 2020]

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

Selected News and Events

No new digest content identified.

MSF/Médecins Sans Frontières [to 19 Sep 2020]

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

Latest [Selected Announcements]

Mediterranean migration

"Enough is enough": Time to stop the cycle of suffering for refugees on Greek islands

Project Update 17 Sep 2020

Coronavirus COVID-19 pandemic

MSF works to prevent spread of COVID-19 among indigenous people in Mato Grosso do Sul

Project Update 17 Sep 2020

Central African Republic

In times of COVID-19, malaria remains the number one killer of children in CAR

Project Update 15 Sep 2020

National Vaccine Program Office - U.S. HHS [to 19 Sep 2020]

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

NVAC Meetings

September 23-24, 2020 Meeting (Virtual)

Selected Agenda Topics:

- :: Serving Up Equity: Health-In-All Approaches for COVID-19 Vaccination [Panel]
- :: Allocation and Prioritization: Considerations and Recommendations for the Distribution of COVID-19 Vaccines [Dr. Ezekiel Emanuel, University of Pennsylvania; CDC tbd]
- :: Perspectives from the Field: Operation Warp Speed [Dr. Moncef Slaoui, HHS]
- :: The Infodemic, COVID-19 Immunization, and the Public's Health [Panel]
- :: Immunization Information Systems to Support the COVID-19 Response [Panel]

NIH [to 19 Sep 2020]

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

Selected News Releases

NIH funds community engagement research efforts in areas hardest hit by COVID-19

September 16, 2020 — *Outreach will focus on COVID-19 awareness and education research, especially among African Americans, Hispanics/Latinos, and American Indians.*

The National Institutes of Health today announced a \$12 million award for outreach and engagement efforts in ethnic and racial minority communities disproportionately affected by the COVID-19 pandemic. The award to RTI International, a non-profit research institution, will support teams in 11 states established as part of the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities. These teams have received initial funding to immediately create CEAL programs, and RTI will serve as the Technical and Administrative Support and Coordination (TASC) center.

The CEAL research teams will focus on COVID-19 awareness and education research, especially among African Americans, Hispanics/Latinos, and American Indians — populations that account for over half of all reported cases in the United States. They also will promote and facilitate the inclusion and participation of these groups in vaccine and therapeutic clinical trials to prevent and treat the disease.

The communities of special focus include counties in Alabama, Arizona, California, Florida, Georgia, Louisiana, Michigan, Mississippi, North Carolina, Tennessee and Texas...

NIH awards contracts to develop innovative digital health technologies for COVID-19

September 15, 2020 — *The projects represent a broad range of solutions for immediate public health needs related to the pandemic.*

The National Institutes of Health has awarded seven contracts to companies and academic institutions to develop digital health solutions that help address the COVID-19 pandemic. The work could lead to user-friendly tools such as smartphone apps, wearable devices, and software that can identify and trace contacts of infected individuals, keep track of verified COVID-19 test results, and monitor the health status of infected and potentially infected individuals.

The National Cancer Institute (NCI) and the National Institute of Biomedical Imaging and Bioengineering (NIBIB), both part of NIH, selected the seven projects from nearly 200 different ideas. The projects represent a broad range of solutions for immediate public health needs related to the pandemic, and several focus on solutions for medically underserved communities and people with limited access to health care, who are disproportionately affected by COVID-19...

Substance use disorders linked to COVID-19 susceptibility

September 14, 2020 — NIH research finds higher risk and worse outcomes for those with addiction.

PATH [to 19 Sep 2020]

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

Press Releases

No new digest content identified.

Sabin Vaccine Institute [to 19 Sep 2020]

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

Statements and Press Releases

No new digest content identified.

UNAIDS [to 19 Sep 2020]

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

Selected Press Releases/Reports/Statements

18 September 2020

COVID-19 brings Jamaican people living with HIV closer together

16 September 2020

Pacific Unite concert promotes solidarity during the COVID-19 pandemic

15 September 2020

Somalia: building a stronger primary health care system

15 September 2020

Shelter for key populations in Kyrgyzstan

UNICEF [to 19 Sep 2020]

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

Selected Press releases/Announcements

Press release

09/18/2020

[WHO and UNICEF recommit to accelerating health and well-being at all ages](#)

New partnership calls for key actions in universal health coverage, mental health, emergencies and nutrition

[See Milestones ahead for detail]

Statement

09/18/2020

[UNICEF Regional Director for Europe and Central Asia Afshan Khan's remarks at the Human Rights Council's Urgent Debate on Belarus](#)

As delivered

Press release

09/17/2020

[Over 12 million children, caregivers and teachers reached by UNICEF and Millicom \(TIGO\) to strengthen child rights across Latin America during COVID 19](#)

Press release

09/16/2020

[150 million additional children plunged into poverty due to COVID-19, UNICEF, Save the Children say](#)

New analysis reveals the number of children living in multidimensional poverty – without access to education, health, housing, nutrition, sanitation, or water – has increased by 15 per cent since the start of the pandemic

Press release

09/15/2020

[UNICEF Executive Director Henrietta Fore remarks at a press conference on new updated guidance on school-related public health measures in the context of COVID-19](#)

As prepared

Press release

09/15/2020

[Geneva Palais briefing note on situation for children affected by fire at Moria camp in Lesbos, and UNICEF response](#)

Press release

09/15/2020

[UNICEF uses online gaming to showcase potential, skills and creativity of refugee and migrant children](#)

Press release

09/14/2020

UNESCO, UNICEF and WHO issue considerations for school-related public health measures in the context of COVID-19

Statement

09/14/2020

Remarks by Henrietta Fore, UNICEF Executive Director at the Global Preparedness Monitoring Board (GPMB) Annual Report Launch

Unitaid [to 19 Sep 2020]

<https://unitaid.org/>

Featured News

No new digest content identified.

Vaccination Acceptance Research Network (VARN) [to 19 Sep 2020]

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

Announcements

No new digest content identified.

Vaccine Confidence Project [to 19 Sep 2020]

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

Research and Reports

No new digest content identified.

Vaccine Education Center – Children’s Hospital of Philadelphia [to 19 Sep 2020]

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

No new digest content identified.

Wellcome Trust [to 19 Sep 2020]

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

Opinion | 16 September 2020

Could Covid-19 be fuelling drug resistance?

Gemma Buckland Merrett

Science Lead, Drug-Resistant Infections Wellcome

We need to understand the impact of Covid-19 on wider health issues to shape better public health responses and limit long-term consequences. Drug resistance is one of these, Gemma Buckland-Merrett explains.

The Wistar Institute [to 19 Sep 2020]

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

Press Releases

Press Release

Sep. 14, 2020

Wistar Appoints Ami Patel, Ph.D., as Caspar Wistar Fellow

Caspar Wistar Fellowship launches the careers of up-and-coming biomedical researchers as top scientific leaders.

WFPHA: World Federation of Public Health Associations [to 19 Sep 2020]

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

Latest News

Statement on COVID-19 Immunization and Equitable Access to Vaccines

Friday, 18 September 2020

[See COVID above for full text]

World Organisation for Animal Health (OIE) [to 19 Sep 2020]

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

Press Releases

No new digest content identified.

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ARM [Alliance for Regenerative Medicine] [to 19 Sep 2020]

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

Press Releases

No new digest content identified.

BIO [to 19 Sep 2020]

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

Press Releases

No new digest content identified.

DCVMN – Developing Country Vaccine Manufacturers Network [to 19 Sep 2020]

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

News; Upcoming events

14 September 2020

DCVMN Congratulates WHO African Region for Wild Polio-Free Certification

Brazzaville 25th August 2020 - The Africa Regional Certification Commission certified the WHO African Region as wild polio-free after four years without a case. With this historic milestone, five of the six WHO regions – representing over 90% of the world's population – are now free of the wild poliovirus, moving the world closer to achieving global polio eradication...

... DCVMN company members are proud of contributing towards eradication with supply of polio vaccines to the African continent.

Despite a challenging year for global health, the certification of the African region as wild poliovirus-free is a sign of hope and progress. The resources and expertise used to eliminate wild polio have significantly contributed to Africa's public health and outbreak response systems. The polio programme provides health benefits to local communities, from supporting

the African region's response to COVID-19 to bolstering routine immunization against other vaccine-preventable diseases.

ICBA – International Council of Biotechnology Associations [to 19 Sep 2020]

<https://internationalbiotech.org/>

News

No new digest content identified.

IFPMA [to 19 Sep 2020]

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

Selected Press Releases, Statements, Publications

[IFPMA Statement on the G-FINDER Report "Landscape of Emerging Infectious Disease R&D: Preventing the Next](#)

17 September 2020

The latest G-Finder report "Landscape of Emerging Infectious Disease R&D: Preventing the next pandemic" shows that to be better prepared in the future, the R&D funding needs to be more diversified and supported by a wider range of funders. It also highlights the central role that product development partnerships (PDPs) and initiatives such as the Coalition for Epidemic Preparedness Innovations (CEPI), play to provide a coordination mechanism which pools funding from different organizations to advance research.

[IFPMA Statement to G20 Health and Finance Ministers](#)

17 September 2020

[See G20 above for detail]

[Safety of vaccinated individuals is the top priority in development of COVID-19 vaccines](#)

15 September 2020

IFPMA is strongly committed to rigorous regulatory standards for approval of COVID-19 treatments and vaccines. No matter how urgently action is needed against the coronavirus public health emergency, it is imperative that the highest standards of quality, safety and efficacy are upheld everywhere. IFPMA member companies are fully committed to transparency in reporting clinical trial results whether these are good or bad; they support the need to inform the public of what they know, as well as what they don't know about the vaccines in development.

The innovative vaccine industry voiced its strong commitment to rigorous regulatory standards for approval of COVID-19 vaccines in a [statement](#). As part of this commitment, leading vaccine manufacturers issued a [pledge](#) to make the safety and well-being of vaccinated individuals a the top priority in development of the first COVID-19 vaccines.

Coinciding with the launch of the pledge, Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) wrote in an Opinion in [The Financial Times](#): "We must prioritise thorough validation of the results of pre-clinical and clinical trials by independent expert bodies. Only the most rigorous application of science and

openness in the regulatory process can ensure that everyone, starting with healthcare workers, has confidence in Covid-19 vaccines once they have been properly approved”.

PhRMA [to 19 Sep 2020]

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

Selected Press Releases, Statements

Coming together to fight COVID-19: A conversation with Albert Bourla, Chairman & CEO of Pfizer, Inc.

Stephen J. Uhl | September 17, 2020

Over the last seven months, our industry has been working around the clock to combat the COVID-19 virus, including developing potential therapeutics to treat COVID-19 and vaccines to prevent future infections.

Last week, I had the opportunity to connect with Albert Bourla, Chairman & CEO of Pfizer Inc., about the fight against COVID-19

Guest Post: How proactivity and planning helped Novartis ensure a stable supply of medicines during COVID-19

Guest Contributor | September 16, 2020

Conversations and healthy debate about issues facing our industry and the health care system are critical to addressing some of today's challenges and opportunities. The Catalyst welcomes guest contributors, including patients, stakeholders, innovators and others, to share their perspectives and point of view. Today, we are pleased to welcome a guest post from Steffen Lang, Ph.D., Global Head of Novartis Technical Operations to discuss how Novartis has plans in place to help ensure their supply chains remain operational even in unexpected situations like COVID-19.

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Journal Watch

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

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

American Journal of Infection Control

September 2020 Volume 48, Issue 9, p975-1132

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

[Reviewed earlier]

American Journal of Preventive Medicine

September 2020 Volume 59, Issue 3, p309-468

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

[Reviewed earlier]

American Journal of Public Health

September 2020 110(9)

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

[Reviewed earlier]

American Journal of Tropical Medicine and Hygiene

Volume 103, Issue 3, September 2020

<http://www.ajtmh.org/content/journals/14761645/103/3>

[Reviewed earlier]

Annals of Internal Medicine

15 September 2020 Volume 173, Issue 6

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

Original Research

[Postmarketing Safety of Vaccines Approved by the U.S. Food and Drug Administration - A Cohort Study](#)

Noam Tau, MD, Dafna Yahav, MD, and Daniel Shepshelovich, MD

Vaccinations are an important public health strategy that has reduced morbidity and mortality from many infectious diseases. Postmarketing surveillance helps to detect vaccine-related adverse events or long-term complications. This cohort study describes the prevalence and types of safety issues reported for vaccines approved by the U.S. Food and Drug Administration between 1996 and 2015.

Conclusion:

Over a 20-year period, vaccines were found to be remarkably safe. A large proportion of safety issues were identified through existing postmarketing surveillance programs and were of limited clinical significance. These findings confirm the robustness of the vaccine approval system and postmarketing surveillance.

Artificial Intelligence – An International Journal

Volume 287 October 2020

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/287/suppl/C>

[Reviewed earlier]

BMC Cost Effectiveness and Resource Allocation

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMJ Global Health

September 2020 - Volume 5 - 9

<https://gh.bmj.com/content/5/9>

[Reviewed earlier]

BMC Health Services Research

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMC Infectious Diseases

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMC Medical Ethics

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMC Medicine

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMC Pregnancy and Childbirth

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

(Accessed 19 Sep 2020)

[Maternal vaccinations coverage and reasons for non-compliance - a cross-sectional observational study](#)

Maternal influenza and pertussis vaccinations have been proven safe and effective in reducing maternal and infant morbidity and mortality. Though recommended, not all pregnant women receive these important vac... [Israel]

Authors: David Drezner, Michal Youngster, Hodaya Klainer and Ilan Youngster

Citation: BMC Pregnancy and Childbirth 2020 20:541

Content type: Research article

Published on: 16 September 2020

BMC Public Health

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

(Accessed 19 Sep 2020)

Spatial access inequities and childhood immunisation uptake in Kenya

Poor access to immunisation services remains a major barrier to achieving equity and expanding vaccination coverage in many sub-Saharan African countries. In Kenya, the extent to which spatial access affects i...

Authors: Noel K. Joseph, Peter M. Macharia, Paul O. Ouma, Jeremiah Mumo, Rose Jalang'o, Peter W. Wagacha, Victor O. Achieng, Eunice Ndung'u, Peter Okoth, Maria Muñiz, Yaniss Guigoz, Rocco Panciera, Nicolas Ray and Emelda A. Okiro

Citation: BMC Public Health 2020 20:1407

Content type: Research article

Published on: 15 September 2020

BMC Research Notes

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

(Accessed 19 Sep 2020)

[No new digest content identified]

BMJ Open

August 2020 - Volume 10 – 8-9

<https://bmjopen.bmj.com/content/10/8?current-issue=y>

[Reviewed earlier]

Bulletin of the World Health Organization

Volume 98, Number 9, September 2020, 581-644

<https://www.who.int/bulletin/volumes/98/9/en/>

[Reviewed earlier]

Child Care, Health and Development

Volume 46, Issue 5 Pages: 537-649 September 2020

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

[Reviewed earlier]

Clinical Pharmacology & Therapeutics

Volume 108, Issue 3 September 2020

<https://ascpt.onlinelibrary.wiley.com/toc/15326535/current>

[Reviewed earlier]

Clinical Therapeutics

July 2020 Volume 42, Issue 7, p1137-1424

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

[Reviewed earlier]

Clinical Trials

Volume 17 Issue 4, August 2020

<https://journals.sagepub.com/toc/ctja/17/4>

[Reviewed earlier]

Conflict and Health

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Contemporary Clinical Trials

Volume 96 September 2020

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/96/suppl/C>

[New issue; No digest content identified]

The CRISPR Journal

Volume 3, Issue 4 / August 2020

<https://www.liebertpub.com/toc/crispr/3/4>

[Reviewed earlier]

Current Genetic Medicine Reports

Volume 8, issue 3, September 2020

<https://link.springer.com/journal/40142/volumes-and-issues/8-3>

[Reviewed earlier]

Current Opinion in Infectious Diseases

October 2020 - Volume 33 - Issue 5

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

[New issue; No digest content identified]

Developing World Bioethics

Volume 20, Issue 3 Pages: 115-171 September 2020

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

[Reviewed earlier]

Development in Practice

Volume 30, Issue 6, 2020

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

New sectoral perspectives on international NGOs: scale, dynamics and influences.

Guest Editors: Nicola Banks, Lau Schulpen, and Dan Brockington

[New issue; No digest content identified]

Disaster Medicine and Public Health Preparedness

Volume 14 - Issue 2 - April 2020

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

[Reviewed earlier]

Disasters

Volume 44, Issue 4 Pages: 619-752 October 2020

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

[Reviewed earlier]

EMBO Reports

Volume 21 Issue 9 3 September 2020

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

[Reviewed earlier]

Emerging Infectious Diseases

Volume 26, Number 9—September 2020

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

[Reviewed earlier]

Epidemics

Volume 32 September 2020

<https://www.sciencedirect.com/journal/epidemics/vol/32/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 5 Pages: 1-40 September–October 2020

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

Participants with autism • Big data and pragmatic trials • Covid-19 research

Articles

[Big Data, Biomedical Research, and Ethics Review: New Challenges for IRBs](#)

Agata Ferretti, Marcello Ienca, Samia Hurst, Effy Vayena

Pages: 17-28

First Published: 16 September 2020

ABSTRACT

The increased use of big data in the medical field has shifted the way in which biomedical research is designed and carried out. The novelty of techniques and methods brought by big data research brings new challenges to institutional review boards (IRBs). Yet it is unclear if IRBs should be the responsible oversight bodies for big data research and, if so, which criteria they should use. A large but heterogeneous set of ethics guidelines and normative responses have emerged to address these issues. In this study, we conducted a scoping review of soft-law documents and guidelines with the aim of assessing ongoing normative efforts that are proliferating in this domain. We also synthesize a set of recurrent guidelines that could work as a baseline to create a harmonized process for big data research ethics.

Ethical and Regulatory Concerns in Pragmatic Clinical Trial Monitoring and Oversight

Michelle K. Roberts et al

Pages: 29-37

First Published: 16 September 2020

The European Journal of Public Health

Volume 30, Issue 4, August 2020

<https://academic.oup.com/eurpub/issue/30/4>

[Reviewed earlier]

Expert Review of Vaccines

Vol 19 (7) 2020

<https://www.tandfonline.com/toc/ierv20/current>

[Reviewed earlier]

Gates Open Research

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Genome Medicine

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

[Accessed 19 Sep 2020]

[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)

2020 | Volume 8 | Number 2 | June 30, 2020

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

[Reviewed earlier]

Global Public Health

Volume 15, 2020 | Issue 9

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

[Reviewed earlier]

Globalization and Health

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

Articles

HIV/AIDS research in Africa and the Middle East: participation and equity in North-South collaborations and relationships

HIV/AIDS has attracted considerable research attention since the 1980s. In the current context of globalization and the predominance of cooperative work, it is crucial to analyze the participation of the countries and regions where the infection is most prevalent. This study assesses the participation of African countries in publications on the topic, as well as the degree of equity or influence existing in North-South relations.

Authors: Gregorio González-Alcaide, Marouane Menchi-Elanzi, Edy Nacarapa and José-Manuel Ramos-Rincón

Content type: Research

17 September 2020

Health Affairs

Vol. 39, No. 9 | September 2020

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

Medicare Payment Incentives, Medicaid & More

[Reviewed earlier]

Health and Human Rights

Volume 22, Issue 1, June 2020

<https://www.hhrjournal.org/volume-22-issue-1-june-2020/>

Special Section: Mental Health and Human Rights

[Reviewed earlier]

Health Economics, Policy and Law

Volume 15 - Issue 4 - October 2020

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

[Reviewed earlier]

Health Policy and Planning

Volume 35, Issue 7, August 2020

<https://academic.oup.com/heapol/issue/35/6>

Original Articles

Budget line items for immunization in 33 African countries

Ulla K Griffiths, Jennifer Asman, Alex Adjagba, Marina Yo, James O Oguta ...

Health Policy and Planning, Volume 35, Issue 7, August 2020, Pages 753–764,

<https://doi.org/10.1093/heapol/czaa040>

Abstract

The Global Strategy for Women's Children's and Adolescents' Health emphasizes accountability as essential to ensure that decision-makers have the information required to meet the health needs of their populations and stresses the importance of tracking resources, results, and rights to see 'what works, what needs improvement and what requires increased attention'. However, results from accountability initiatives are mixed and there is a lack of broadly applicable, validated tools for planning, monitoring and evaluating accountability interventions. This article documents an effort to transform accountability markers—including political will, leadership and the monitor–review–act cycle—into a measurement tool that can be used prospectively or retrospectively to plan, monitor and evaluate accountability initiatives. It describes the development process behind the tool including the literature review, framework development and subsequent building of the measurement tool itself. It also examines feedback on the tool from a panel of global experts and the results of a pilot test conducted in Bauchi and Gombe states in Nigeria. The results demonstrate that the tool is an effective aid for accountability initiatives to reflect on their own progress and provides a useful structure for future planning, monitoring and evaluation. The tool can be applied and adapted to other accountability mechanisms working in global health.

The development of a new accountability measurement framework and tool for global health initiatives

Adriane Martin Hilber, Patricia Doherty, Andrea Nove, Rachel Cullen, Tunde Segun ...

Health Policy and Planning, Volume 35, Issue 7, August 2020, Pages 765–774,

<https://doi.org/10.1093/heapol/czz170>

Health Research Policy and Systems

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

[Accessed 19 Sep 2020]

Research

An analysis of the strategic plan development processes of major public organisations funding health research in nine high-income countries worldwide

There have been claims that health research is not satisfactorily addressing healthcare challenges. A specific area of concern is the adequacy of the mechanisms used to plan investments in health research. How...

Authors: Cristina Morciano, Maria Cristina Errico, Carla Faralli and Luisa Minghetti

Citation: Health Research Policy and Systems 2020 18:106

Published on: 18 September 2020

Transforming the practice of medicine through team science

The translation of biomedical research discoveries into clinical practice is marked by extended timelines (averaging 17 years) and multiple sequential process steps. However, even after a drug, device, diagnostic tool or unique therapeutic procedure successfully navigates through clinical testing to approval, real barriers remain in applying and scaling the innovation in practice.

Authors: Jason H. Pitzen, Heidi L. Dieter, Darren L. Gronseth, Amber K. Dahl, Venessa L. Boyle, Tharana Maran, C. Michel Harper Jr and Gregory J. Gores

Citation: Health Research Policy and Systems 2020 18:104

Content type: Study Protocol

Published on: 17 September 2020

Human Gene Therapy

Volume 31, Issue 15-16 / August 2020

<https://www.liebertpub.com/toc/hum/31/15-16>

[Reviewed earlier]

Humanitarian Exchange Magazine

Number 77, March 2020

<https://odihpn.org/magazine/responding-to-ebola-in-the-democratic-republic-of-congo/>

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 7, 2020

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

[Reviewed earlier]

Infectious Agents and Cancer

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Infectious Diseases of Poverty

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

[Accessed 19 Sep 2020]

[Reverse vaccinology assisted designing of multiepitope-based subunit vaccine against SARS-CoV-2](#)

Authors: Muhammad Tahir ul Qamar, Farah Shahid, Sadia Aslam, Usman Ali Ashfaq, Sidra Aslam, Israr Fatima, Muhammad Mazhar Fareed, Ali Zohaib and Ling-Ling Chen

Content type: Research Article

16 September 2020

International Health

Volume 12, Issue 5, September 2020

<https://academic.oup.com/inthealth/issue/12/5>

[Reviewed earlier]

International Journal of Community Medicine and Public Health

Vol 7, No 7 (2020) July 2020

<https://www.ijcmph.com/index.php/ijcmph/issue/view/64>

[Reviewed earlier]

International Journal of Epidemiology

Volume 49, Issue 3, June 2020

<https://academic.oup.com/ije/issue/49/3>

[Reviewed earlier]

International Journal of Human Rights in Healthcare

Volume 13 Issue 4 2020

<https://www.emerald.com/insight/publication/issn/2056-4902/vol/13/iss/4>

Table of Contents

[New issue; No digest content identified]

International Journal of Infectious Diseases

September 2020 Volume 98, p1-502

[https://www.ijidonline.com/issue/S1201-9712\(20\)X0010-5](https://www.ijidonline.com/issue/S1201-9712(20)X0010-5)

Coronavirus (COVID-19) Collection

[Herd immunity and vaccination of children for COVID-19](#)

Thirumalaisamy P. Velavan, Andrew J. Pollard, Peter G. Kremsner

p14–15

Published online: June 22, 2020

[COVID-19 and routine childhood immunization in Africa: Leveraging systems thinking and implementation science to improve immunization system performance](#)

Abdu A. Adamu, Rabiou I. Jalo, Desire Habonimana, Charles S. Wiysonge

p161–165

Published online: June 24, 2020

[Advancing COVID-19 vaccines – avoiding different regulatory standards for different vaccines and need for open and transparent data sharing](#)

Eskild Petersen, Christian Wejse, Alimuddin Zumla

p501–502

Published online: August 18, 2020

[See COVID above for abstracts]

JAMA Network

[COVID-19 Update September 19, 2020](#)

These articles on COVID-19 were published across the JAMA Network in the last week.

JAMA

September 15, 2020, Vol 324, No. 11, Pages 1019-1116

<https://jamanetwork.com/journals/jama/currentissue>

Original Investigation

[Association of Routine Infant Vaccinations With Antibody Levels Among Preterm Infants](#)

Elsbeth D. M. Rouers, MD; Patricia C. J. Bruijning-Verhagen, MD, PhD; Pieter G. M. van Gageldonk, BSc; et al.

has active quiz

JAMA. 2020;324(11):1068-1077. doi:10.1001/jama.2020.12316

This cohort study evaluates IgG antibody concentrations in preterm infants after administration of combination diphtheria–tetanus toxoids–acellular pertussis–inactivated poliomyelitis–Haemophilus influenza type b–and hepatitis B (DTaP-IPV-Hib-HepB) and pneumococcal conjugate vaccines.

Research Letter

Policies Among US Pediatricians for Dismissing Patients for Delaying or Refusing Vaccination

Sean T. O'Leary, MD, MPH; Jessica R. Cataldi, MD, MSCS; Megan C. Lindley, MPH; et al.
JAMA. 2020;324(11):1105-1107. doi:10.1001/jama.2020.10658

This survey study assesses US pediatrician practices and office policies in response to parents who either refuse primary vaccinations or request to spread out individual vaccines in the primary series.

Viewpoint

Addressing Influenza Vaccination Disparities During the COVID-19 Pandemic

Lisa A. Grohskopf, MD, MPH; Leandris C. Liburd, PhD, MPH; Robert R. Redfield, MD
free access has active quiz has multimedia has audio

JAMA. 2020;324(11):1029-1030. doi:10.1001/jama.2020.15845

In this Viewpoint, CDC scientists discuss the public health urgency of increasing influenza vaccination uptake early in the 2020-2021 season to ameliorate the threat to patients and hospitals of overlapping outbreaks, and urges clinicians to strongly recommend the vaccine and administer it to patients whenever and wherever possible.

[Conversations with Dr. Bauchner](#): Coronavirus Update From the CDC – August 20, 2020

Ethical Considerations for COVID-19 Vaccine Trials in Correctional Facilities

Emily A. Wang, MD, MAS; Jonathan Zenilman, MD, PhD; Lauren Brinkley-Rubinstein, PhD
free access has active quiz

JAMA. 2020;324(11):1031-1032. doi:10.1001/jama.2020.15589

This Viewpoint discusses the importance of studying coronavirus disease 2019 (COVID-19) vaccine candidates in prisoners, and proposes a framework for considering how to include them safely, ethically, and without coercion in future phase 3 vaccine trials.

JAMA Pediatrics

September 2020, Vol 174, No. 9, Pages 815-916

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

[Reviewed earlier]

JBIR Database of Systematic Review and Implementation Reports

August 2020 - Volume 18 - Issue 8

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

[Reviewed earlier]

Journal of Adolescent Health

September 2020 Volume 67, Issue 3, p307-460

[https://www.jahonline.org/issue/S1054-139X\(20\)X0009-7](https://www.jahonline.org/issue/S1054-139X(20)X0009-7)

[Reviewed earlier]

Journal of Artificial Intelligence Research

Vol. 68 (2020)
<https://www.jair.org/index.php/jair>
[Reviewed earlier]

Journal of Community Health
Volume 45, Issue 4, August 2020
<https://link.springer.com/journal/10900/45/4>
[Reviewed earlier]

Journal of Development Economics
Volume 146 September 2020
<https://www.sciencedirect.com/journal/journal-of-development-economics/vol/146/suppl/C>
Special Section on Child Development in India
[Reviewed earlier]

Journal of Empirical Research on Human Research Ethics
Volume 15 Issue 4, October 2020
<http://journals.sagepub.com/toc/jre/current>
[Reviewed earlier]

Journal of Epidemiology & Community Health
September 2020 - Volume 74 - 9
<https://jech.bmj.com/content/74/9>
[New issue; No digest content identified]

Journal of Evidence-Based Medicine
Volume 13, Issue 3 Pages: 179-249 August 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>
[Reviewed earlier]

Journal of Health Care for the Poor and Underserved (JHCPU)
Volume 31, Number 3, August 2020
<https://muse.jhu.edu/issue/42831>
[Reviewed earlier]

Journal of Immigrant and Minority Health

Volume 22, Issue 4, August 2020

<https://link.springer.com/journal/10903/22/4>

[Reviewed earlier]

Journal of Immigrant & Refugee Studies

Volume 18, 2020_ Issue 4

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

[Reviewed earlier]

Journal of Infectious Diseases

Volume 222, Issue 3, 1 August 2020

<https://academic.oup.com/jid/issue/222/3>

[Reviewed earlier]

Journal of Medical Ethics

September 2020 - Volume 46 - 9

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

[Reviewed earlier]

Journal of Patient-Centered Research and Reviews

Volume 7, Issue 3 (2020)

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

[Reviewed earlier]

Journal of Pediatrics

September 2020 Volume 224, p1-194

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

[Reviewed earlier]

Journal of Pharmaceutical Policy and Practice

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Journal of Public Health Management & Practice

September/October 2020 - Volume 26 - Issue 5

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

[Reviewed earlier]

Journal of Public Health Policy

Volume 41, Issue 3, September 2020

<https://link.springer.com/journal/41271/41/3>

[Reviewed earlier]

Journal of Refugee & Global Health

Volume 3, Issue 1 (2020)

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

[New issue; No digest content identified]

Journal of the Royal Society – Interface

September 2020 Volume 17 Issue 170

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

Life Sciences–Mathematics interface

Report

[Inflow restrictions can prevent epidemics when contact tracing efforts are effective but have limited capacity](#)

Hannes Malmberg and Tom Britton

Published:09 September 2020Article ID:20200351

<https://doi.org/10.1098/rsif.2020.0351>

Journal of Travel Medicine

Volume 27, Issue 5, July 2020

<https://academic.oup.com/jtm/issue/27/5>

[Reviewed earlier]

Journal of Virology

September 2020; Volume 94, Issue 18

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

[Reviewed earlier]

The Lancet

Sep 19, 2020 Volume 396 Number 10254 p799-866, e30-e40

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

Editorial

[COVID-19: a stress test for trust in science](#)

The Lancet

Comment

[Legal agreements: barriers and enablers to global equitable COVID-19 vaccine access](#)

Alexandra L Phelan, Mark Eccleston-Turner, Michelle Rourke, Allan Maleche, Chenguang Wang

[See Milestones above for full text]

The Lancet Child & Adolescent Health

Aug 2020 Volume 4 Number 8 p555-640, e26-e34

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

[Reviewed earlier]

Lancet Digital Health

Sep 2020 Volume 2 Number 9 e441-e492

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

[Reviewed earlier]

Lancet Global Health

Sep 2020 Volume 8 Number 9 e1101-e1241

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

[Reviewed earlier]

Lancet Infectious Diseases

Sep 2020 Volume 20 Number 9 p993-1100, e215-e249

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

[Reviewed earlier]

Lancet Public Health

Sep 2020 Volume 5 Number 9 e460-e511

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

[Reviewed earlier]

Lancet Respiratory Medicine

Sep 2020 Volume 8 Number 9 p831-934, e70-e72

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

[Reviewed earlier]

Maternal and Child Health Journal

Volume 24, Issue 8, August 2020

<https://link.springer.com/journal/10995/24/8>

[Reviewed earlier]

Medical Decision Making (MDM)

Volume 40 Issue 6, August 2020

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

[Reviewed earlier]

The Milbank Quarterly

A Multidisciplinary Journal of Population Health and Health Policy

Volume 98, Issue 3 Pages: 619-1020 September 2020

[Reviewed earlier]

Nature

Volume 585 Issue 7825, 17 September 2020

http://www.nature.com/nature/current_issue.html

[New issue; No digest content identified]

Nature Biotechnology

Volume 38 Issue 9, 1 September 2020

<https://www.nature.com/nbt/volumes/38/issues/9>

[Reviewed earlier]

Nature Communications

<https://www.nature.com/subjects/health-sciences/ncomms>

(Accessed 19 Sep 2020)

[No new digest content identified]

Nature Genetics

Volume 52 Issue 9, 1 September 2020

[Reviewed earlier]

Nature Medicine

Volume 26 Issue 9, 1 September 2020

<https://www.nature.com/nm/volumes/26/issues/9>

Guidelines for AI in clinical trials

[Reviewed earlier]

Nature Reviews Genetics

Volume 21 Issue 9, 1 September 2020

<https://www.nature.com/nrg/volumes/21/issues/9>

[Reviewed earlier]

Nature Reviews Immunology

Volume 20 Issue 9, 1 September 2020

<https://www.nature.com/nri/volumes/20/issues/9>

[Reviewed earlier]

Nature Reviews Drug Discovery

Volume 19 Issue 9, 1 September 2020

<https://www.nature.com/nrd/volumes/19/issues/9>

[Reviewed earlier]

New England Journal of Medicine

September 17, 2020 Vol. 383 No. 12

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

Perspective

[Consent to Trainee Involvement in Pediatric Care](#)

Emily A. Largent, J.D., Ph.D., R.N.

Consent to the involvement of students, interns, and residents in the care of children has received scant attention as compared with consent for either care or research. But there are compelling reasons for routinely obtaining children's assent to trainee involvement.

Review Article

[Tolerance in the Age of Immunotherapy](#)

Jeffrey A. Bluestone, Ph.D., and Mark Anderson, M.D., Ph.D.

The immune system distinguishes between "self" and "nonself" and remembers dangerous exposures. Elaborate mechanisms control immune responses, but in some cases, the response either does not recognize the danger or causes unwanted autoinflammation. The authors review advances in developing durable immune tolerance

Pediatrics

Vol. 146, Issue 3 1 Sep 2020

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

[Reviewed earlier]

Pharmaceutics

Volume 12, Issue 7 (July 2020) – 97 articles

<https://www.mdpi.com/1999-4923/12/7>

[Reviewed earlier]

PharmacoEconomics

Volume 38, Issue 8, August 2020

<https://link.springer.com/journal/40273/38/8>

[Reviewed earlier]

PLoS Genetics

<https://journals.plos.org/plosgenetics/>

(Accessed 19 Sep 2020)

[No new digest content identified]

PLoS Medicine

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

(Accessed 19 Sep 2020)

[No new digest content identified]

PLoS Neglected Tropical Diseases

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

(Accessed 19 Sep 2020)

[No new digest content identified]

PLoS One

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

[No new digest content identified]

PLoS Pathogens

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

[Accessed 19 Sep 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/>

[No new digest content identified]

Prehospital & Disaster Medicine

Volume 35 - Issue 5 - October 2020

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

[Reviewed earlier]

Preventive Medicine

Volume 138 September 2020

<https://www.sciencedirect.com/journal/preventive-medicine/vol/137/suppl/C>

[Reviewed earlier]

Proceedings of the Royal Society B

09 September 2020 Volume 287 Issue 1934

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

[Reviewed earlier]

Public Health

Volume 185 Pages A1-A2, 1-406 (August 2020)

<https://www.sciencedirect.com/journal/public-health/vol/185/suppl/C>

[Reviewed earlier]

Public Health Ethics

IN PROGRESS

Volume 13, Issue 1, April 2020

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

[Reviewed earlier]

Public Health Reports

Volume 135 Issue 5, September/October 2020

<https://journals.sagepub.com/toc/phrg/135/5>

[Reviewed earlier]

Qualitative Health Research

Volume 30 Issue 11, September 2020

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

Special Issue: International Health

[Reviewed earlier]

Research Ethics

Volume 16 Issue 3-4, July-October 2020

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

Research Ethics and COVID-19

[Ethical research in the COVID-19 era demands care, solidarity and trustworthiness](#)

Kate Chatfield, Doris Schroeder

First Published July 28, 2020; pp. 1–4

[Pandemic ethics: the case for risky research](#)

Richard Yetter Chappell, Peter Singer

First Published June 2, 2020; pp. 1–8

[Pandemic vaccine trials: expedite, but don't rush](#)

Angus Dawson

First Published July 22, 2020; pp. 1–12

[COVID-19 human challenge trials – what research ethics committees need to consider](#)

Lisa Tambornino, Dirk Lanzerath

First Published July 24, 2020; pp. 1–11

Fostering ethical biomedical and health research in India during the COVID-19 pandemic

Nandini K Kumar, Vasantha Muthuswamy

First Published July 16, 2020; pp. 1–10

The ethics of COVID-19 tracking apps – challenges and voluntariness

Renate Klar, Dirk Lanzerath

First Published August 5, 2020; pp. 1–9

Reproductive Health

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

[Accessed 19 Sep 2020]

[No new digest content identified]

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

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

Latest articles

16 Sep 2020

Recommendations for reopening elective surgery services during the SARS-CoV-2 pandemic

Brief communication | Spanish |

16 Sep 2020

Response capacity to the COVID-19 pandemic in Latin America and the Caribbean

Original research | Spanish |

Risk Analysis

Volume 40, Issue 8 Pages: 1507-1690 August 2020

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

[Reviewed earlier]

Risk Management and Healthcare Policy

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Science

18 September 2020 Vol 369, Issue 6510

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

Editorial

Trump lied about science

By H. Holden Thorp

Summary

When President Donald Trump began talking to the public about coronavirus disease 2019 (COVID-19) in February and March, scientists were stunned at his seeming lack of understanding of the threat. We assumed that he either refused to listen to the White House briefings that must have been occurring or that he was being deliberately sheltered from information to create plausible deniability for federal inaction. Now, because famed Washington Post journalist Bob Woodward recorded him, we can hear Trump's own voice saying that he understood precisely that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was deadly and spread through the air. As he was playing down the virus to the public, Trump was not confused or inadequately briefed: He flat-out lied, repeatedly, about science to the American people. These lies demoralized the scientific community and cost countless lives in the United States.

Policy Forum

Global citizen deliberation on genome editing

By John S. Dryzek, Dianne Nicol, Simon Niemeyer, Sonya Pemberton, Nicole Curato, André Bächtiger, Philip Batterham, Bjørn Bedsted, Simon Burall, Michael Burgess, Gaetan Burgio, Yuriy Castelfranchi, Hervé Chneiweiss, George Church, Merlin Crossley, Jantina de Vries, Mahmud Farooque, Marit Hammond, Baogang He, Ricardo Mendonça, Jennifer Merchant, Anna Middleton, John E. J. Rasko, Ine Van Hoyweghen, Antoine Vergne

Science 18 Sep 2020 : 1435-1437

Global governance can be informed by a deliberative assembly composed of lay citizens

Summary

Genome editing technologies provide vast possibilities for societal benefit, but also substantial risks and ethical challenges. Governance and regulation of such technologies have not kept pace in a systematic or internationally consistent manner, leaving a complex, uneven, and incomplete web of national and international regulation (1). How countries choose to regulate these emergent technologies matters not just locally, but globally, because the implications of technological developments do not stop at national boundaries. Practices deemed unacceptable in one country may find a more permissive home in another: not necessarily through national policy choice, but owing to a persistent national legal and regulatory void that enables “ethics dumping” (2)—for example, if those wanting to edit genes to “perfect” humans seek countries with little governance capacity. Just as human rights are generally recognized as a matter of global concern, so too should technologies that may impinge on the question of what it means to be human. Here we show how, as the global governance vacuum is filled, deliberation by a global citizens' assembly should play a role, for legitimate and effective governance.

Science Translational Medicine

16 September 2020 Vol 12, Issue 561

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

[New issue; No digest content identified]

Social Science & Medicine

Volume 260 September 2020

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/260/suppl/C>

[Reviewed earlier]

Systematic Reviews

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

[Accessed 19 Sep 2020]

[No new digest content identified]

Travel Medicine and Infectious Diseases

Volume 36 July–August 2020

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/36/suppl/C>

[Reviewed earlier]

Tropical Medicine & International Health

Volume 25, Issue 9 Pages: i-iv, 1043-1165 September 2020

<https://onlinelibrary.wiley.com/toc/13653156/current>

[Reviewed earlier]

Vaccine

Volume 38, Issue 42 Pages 6485-6658 (29 September 2020)

<https://www.sciencedirect.com/journal/vaccine/vol/38/issue/42>

Research article Full text access

[**Acceptability of a COVID-19 vaccine among adults in the United States: How many people would get vaccinated?**](#)

Paul L. Reiter, Michael L. Pennell, Mira L. Katz

Research article Abstract only

[**Influenza vaccination coverage among adults with diabetes, United States, 2007–08 through 2017–18 seasons**](#)

Mei-Chuan Hung, Peng-jun Lu, Anup Srivastav, Yiling J. Cheng, Walter W. Williams

Research article Full text access

[**Self-reported immunity and opinions on vaccination of hospital personnel among paediatric healthcare workers in Denmark**](#)

Marie-Louise von Linstow, Thilde Nordmann Winther, Anna Eltvedt, Allan Bybeck Nielsen, ... Anja Poulsen

Research article Abstract only

[**A prospective cohort study of immunogenicity of quadrivalent human papillomavirus vaccination among Alaska Native Children, Alaska, United States**](#)

Michael G. Bruce, Elissa Meites, Lisa Bulkow, Gitika Panicker, ... Lauri E. Markowitz

Research article Abstract only

[**Cost-effectiveness of SMS appointment reminders in increasing vaccination uptake in Lagos, Nigeria: A multi-centered randomized controlled trial**](#)

Yoshito Kawakatsu, Adefunke Oyeniyi Adesina, Nobuhiro Kadoi, Hirotsugu Aiga

Research article Abstract only

[Beliefs towards vaccination and trust in the scientific community in Italy](#)

Chiara Cadeddu, Signe Daugbjerg, Walter Ricciardi, Aldo Rosano

Research article No access

[Kawasaki disease following immunization with poliovirus monovaccine](#)

Nataliya Banadyha, Igor Rogalsky, Roman Komorovsky

Pages 6656-6657

Vaccines — Open Access Journal

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

(Accessed 19 Sep 2020)

Open Access Editorial

[Vaccination and Vaccine Effectiveness: A Commentary of Special Issue Editors](#)

by [Claudio Costantino](#) , [Alessandra Casuccio](#) and [Vincenzo Restivo](#)

Vaccines 2020, 8(3), 545; <https://doi.org/10.3390/vaccines8030545> - 18 Sep 2020

Abstract

The Special Issue “Vaccination and Vaccine Effectiveness”, published in the journal Vaccines, has the main aim to increase international literature data on vaccine effectiveness and safety and on vaccination strategies in order to reduce vaccine hesitancy and improve vaccination coverage rates. The main topics included in the call for papers were vaccines administered to infants, adolescents, adults, elderly people, at-risk populations (due to comorbidities and personal risk factors) and healthcare workers and strategies adopted to promote vaccination adherence among these categories. This Special Issue started from the assumption that, despite vaccination being universally recognized as one of the best strategies to increase duration and quality of life during the last centuries, vaccination coverage rates are often under the levels recommended to reduce circulation and to extinguish vaccine-preventable diseases. Vaccine hesitancy involves at least 15% of the general population, and healthcare workers also sometimes demonstrate doubts on vaccination effectiveness and safety. At the end of the six-month submission period, 16 articles (15 research article and one review) were accepted after the peer-review processes and published online.

Value in Health

September 2020 Volume 23, Issue 9, p1119-1280

[https://www.valueinhealthjournal.com/issue/S1098-3015\(20\)X0011-8](https://www.valueinhealthjournal.com/issue/S1098-3015(20)X0011-8)

SYSTEMATIC LITERATURE REVIEW

[A Review of Methodological Considerations for Economic Evaluations of Gene Therapies and Their Application in Literature](#)

Renske M.T. ten Ham, Olaf H. Klungel, Hubert G.M. Leufkens, Geert W.J. Frederix

p1268–1280

Published online: August 18, 2020

Results

The first literature search yielded 13 articles discussing methodological considerations. The second search provided 12 EEs. Considerations identified were payment models, definition of

perspectives, addressing uncertainty, data extrapolation, discount rates, novel value elements, and use of indirect and surrogate endpoints. All EEs scored satisfactory to good according to Consolidated Health Economic Evaluation Reporting Standards. Regarding methodological application, we found 1 methodological element (payment models) was applied in 2 base cases. Scenarios explored alternative perspectives, survival assumptions, and extrapolation methods in 10 EEs.

Conclusions

Although EE quality of reporting was considered good, their informativeness for health technology assessment and decision makers seemed limited owing to many uncertainties. We suggest accepted EE methods can broadly be applied to GTs, but few elements may need adjustment. Further research and multi-stakeholder consensus is needed to determine appropriateness and application of individual methodological considerations. For now, we recommend including scenario analyses to explore impact of methodological choices and (clinical) uncertainties. This study contributes to better understanding of perceived appropriate evaluation of GTs and informs best modeling practices.

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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 19 Sep 2020

[No new, unique, relevant content]

BBC

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

Accessed 19 Sep 2020

[No new, unique, relevant content]

The Economist

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

Accessed 19 Sep 2020

[No new, unique, relevant content]

Forbes

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

Accessed 19 Sep 2020

Sep 18, 2020

Why We Can't Rely On Natural Immunity To Protect Us From Covid-19

A new study, compounded with recent reports of reinfection, shows why building immunity to Covid-19 is trickier than we'd like to believe.

By William A. Haseltine Contributor

Sep 17, 2020

Trump Says His Only Failure In 'Phenomenal' Coronavirus Response Was 'Public Relations'

The president has argued people should trust a vaccine 'because of the great job we've done,' but polls show the majority of Americans disagree.

By Andrew Solender Forbes Staff

Sep 17, 2020

Nearly Half Of All Americans, Including Most Republicans, Say They Would Not Get Covid-19 Vaccine

56% of Republicans said definitely or probably would not get vaccinated.

By Tommy Beer Forbes Staff

Foreign Affairs

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

Accessed 19 Sep 2020

September 16, 2020

America Needs to Lock Down Again

To get the novel coronavirus under control, the United States must impose stringent lockdowns across the country for roughly two months.

Michael T. Osterholm and Mark Olshaker

Foreign Policy

<http://foreignpolicy.com/>

Accessed 19 Sep 2020

The World Is Winning—and Losing—the Vaccine Race

Immunization to COVID-19 is supposed to solve our problems—but it's starting to trigger even bigger ones.

By Adam Tooze

September 19, 2020, 6:00 AM

The Guardian

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

[No new, unique, relevant content]

New Yorker

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

[No new, unique, relevant content]

New York Times

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

Accessed 19 Sep 2020

Health

[AstraZeneca, Under Fire for Vaccine Safety, Releases Trial Blueprints](#)

Experts are concerned that the company has not been more forthcoming about two participants who became seriously ill after getting its experimental vaccine.

By Denise Grady, Katherine J. Wu and Sharon LaFraniere

PRINT EDITION September 21, 2020

Health

[In 'Power Grab,' Health Secretary Azar Asserts Authority Over F.D.A.](#)

Experts said the memo would make it more difficult for the F.D.A. to issue new rules, but it's unclear how it would affect the vetting of coronavirus vaccines.

By Sheila Kaplan

Health

[C.D.C. Testing Guidance Was Published Against Scientists' Objections](#)

A controversial guideline saying people without Covid-19 symptoms didn't need to get tested for the virus came from H.H.S. officials and skipped the C.D.C.'s scientific review process.

By Apoorva Mandavilli

Sept. 17

Washington Post

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

Accessed 19 Sep 2020

[Democrats face quandary on vaccine support as election nears](#)

Sep 19, 2020

[China and Russia are ahead in the global coronavirus vaccine race, bending long-standing rules](#)

Eva Dou and Isabelle Khurshudyan · Sep 18, 2020

[Vaccine companies reveal their study designs, even as Trump sows confusion](#)

Carolyn Y. Johnson · Health · Sep 17, 2020

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[Think Tanks et al](#)

Brookings

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

Accessed 19 Sep 2020

Up Front

[Politics is wrecking America's pandemic response](#)

Jonathan Rothwell and Christos Makridis
Thursday, September 17, 2020

Center for Global Development [to 19 Sep 2020]

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

Accessed 19 Sep 2020

September 15, 2020

Using Machine Learning for Healthcare Resource Allocation in COVID-19: Opportunities and Challenges for LMICs

One of the greatest challenges for any health system facing COVID-19 is the equitable and efficient allocation of scarce resources. With health systems stretched, and concerns about COVID-19 vaccine nationalism, machine learning presents a valuable opportunity to help guide decisions on the allocation of scarce resources like hospital beds, staff, and vaccines, in low- and middle-income countries (LMICs).

Anukrat Bhansali and Vageesh Jain

Chatham House [to 19 Sep 2020]

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

[No new relevant content]

CSIS

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

Accessed 19 Sep 2020

Commentary

Advice to the Independent Panel on Pandemic Preparedness and Response

September 17, 2020 | By J. Stephen Morrison, Carolyn Reynolds

On Demand Event

Online Event: CSIS Book Launch with Heidi J. Larson – Stuck

September 16, 2020

Council on Foreign Relations

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

Accessed 19 Sep 2020

September 14, 2020

Cybersecurity

The Cyber Side of Vaccine Nationalism

Vaccine nationalism has given rise to a new wave of cyber espionage targeting COVID-19 vaccine research.

Blog Post by David P. Fidler Digital and Cyberspace Policy Program

In the COVID-19 pandemic, vaccine nationalism has become an important and controversial phenomenon. Rather than cooperate through global mechanisms to develop, manufacture, and distribute a vaccine against the coronavirus, countries with the means to do so have prioritized national access to a vaccine. Despite warnings about its adverse consequences for global health

and international cooperation, vaccine nationalism is not abating. The political momentum of vaccine nationalism can be found in not only the pharmaceutical realm but also cyberspace...

Kaiser Family Foundation

https://www.kff.org/search/?post_type=press-release

Accessed 19 Sep 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.

CVEP is a program of the GE2P2 Global Foundation – whose purpose and mission is to advance ethical and scientific rigor in research and evidence generation for governance, policy and practice in health, human rights action, humanitarian response, heritage stewardship, education and sustainable development. The Foundation serves governments, international agencies, INGOs, civil society organizations (CSOs), commercial entities, consortia and alliances. CVEP maintains an academic affiliation with the Division of Medical Ethics, NYU School of Medicine, and an operating affiliation with the Vaccine Education Center of Children’s Hospital of Philadelphia [CHOP].

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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