



**Vaccines and Global Health: The Week in Review**  
**30 October 2021 :: Issue 630**  
**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 [U.S.] 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 23,000 entries.*

*Comments and suggestions should be directed to*

*David R. Curry, MS  
Editor and  
Executive Director  
Center for Vaccine Ethics & Policy  
[david.r.curry@centerforvaccineethicsandpolicy.org](mailto:david.r.curry@centerforvaccineethicsandpolicy.org)*

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## **Contents**

- :: Milestones - Perspectives
- :: COVID-19
- :: WHO/CDCs [U.S., China, Africa]
- :: Organization Announcements
- :: Journal Watch
- :: Pre-Print Servers
- :: Think Tanks

## **Milestones - Perspectives - Research**

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**G20**  
**30-31 October 2021**  
**Rome**  
<https://www.g20.org/>

### **The G20 established a joint Finance-Health Task Force to strengthen pandemic prevention, preparedness and response**

October 29th, 2021

G20 Finance and Health Ministers met for their first joint meeting under the Italian G20 Presidency. The meeting took place on the eve of the G20 Leaders' Summit and it was co-chaired by Daniele Franco, Italian Minister for Economy and Finance, and Roberto Speranza, Italian Minister of Health. Finance and Health Ministers agreed on a [joint communiqué](#).

**Under the Italian G20 Presidency, the membership committed to bringing the pandemic under control everywhere as soon as possible**, and strengthening collective efforts to prepare for, prevent, detect, and respond to future pandemics. **In this sense, the G20 will take all necessary steps needed to advance on the global goals of vaccinating at least 40 percent of the population in all countries by the end of 2021 and 70 percent by mid-2022, as recommended by the WHO.**

**Finance and Health Ministers have also committed to helping boost the supply of vaccines**, medical countermeasures and inputs in developing countries and remove relevant supply and financing constraints. To this end, the G20 will continue to support the Access to COVID-19 Tools Accelerator (ACT-A) and the extension of its mandate into 2022, advancing collaboration with global and regional initiatives.

They have acknowledged that financing for PPR has to become more adequate, more sustainable and better coordinated and requires a continuous cooperation between health and finance decision-makers, including to address potential financing gaps, mobilising an appropriate mix of existing multilateral financing mechanisms and explore setting up new financing mechanisms.

In particular, to further strengthening a crucial coordination between Finance and Health Ministries, **G20 members agreed to establish a Joint Finance-Health Task Force. Such Task Force will enhance the collaboration and global cooperation on issues relating to pandemic prevention, preparedness and response**, thus leaving the international community better prepared in the eventual case of future health threats outbreaks. The Task Force will also promote the exchange of experiences and best practices, developing coordination arrangements between Finance and Health Ministries, promoting collective action and encouraging effective stewardship of resources to address the existing financing gaps in pandemic preparedness and response.

The Task Force is initially jointly chaired by the 2021 and 2022 G20 Presidencies. It will report to Health and Finance Ministers in early 2022 and will be assisted by a secretariat housed at the WHO, with the support of the World Bank.

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*Italian G20 Presidency*

**Joint G20 Finance and Health Ministers meeting**

Communiqué - 29 October 2021 :: 4 pages

*[Excerpt; Editor's text bolding and spacing]*

**...We reiterate our commitment to bring the pandemic under control everywhere as soon as possible**, put people at the center of preparedness and to strengthen our collective efforts to prepare for, prevent, detect, report, and respond to health emergencies, notably promoting resilience of health systems and communities.

We recognise the role of extensive COVID-19 immunisation as a global public good. **We reaffirm our support to all collaborative efforts to ensure a timely and equitable access to safe, affordable, quality and effective vaccines**, therapeutics, diagnostics, and personal protective equipment, particularly in low- and middle-income countries (LMICs).

To help advance toward the global goals of vaccinating at least 40 percent of the population in all countries by the end of 2021 and 70 percent by mid-2022, as recommended by the World Health Organization (WHO)'s global vaccination strategy, **we will take steps to help boost the supply of vaccines and essential medical products and inputs in developing countries and remove relevant supply and financing constraints**. We reiterate our support to strengthen the resilience of supply chains, to increase vaccine distribution, administration, as well as local and regional manufacturing capacity in LMICs, including through voluntary technology transfer hubs in various regions, such as the newly established mRNA Hubs in South Africa, Brazil and Argentina, and through joint production and processing arrangements.

We will continue to support the Access to COVID-19 Tools Accelerator (ACT-A) and the extension of its mandate into 2022, and we will advance collaboration with global and regional initiatives, including ACT-A's COVAX Pillar, the African Union's African Vaccine Acquisition Trust (AVAT), the Revolving Fund of the Pan American Health Organization, and the Global Fund's COVID-19 Response Mechanism. **We will work to increase transparency and predictability of deliveries of vaccines and to foster responsible public-private partnerships.**

We thank the Multilateral Leaders Task Force for its efforts and encourage it to work to identify gaps and accelerate access to and on-the-ground delivery of COVID-19 tools. Not only will these actions help save countless lives, accelerating vaccinations across the globe also remains the cornerstone of the economic recovery. We call on Multilateral Development Banks working together with COVAX to continue to support procurement and delivery of vaccines...

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**WHO Director-General's remarks at Session 1- Global Economy and Global Health at the G20 Summit - 30 October 2021**

30 October 2021 *Speech*

*Excellencies,*

**I have five requests.**

**First, solve the vaccine crisis and end the pandemic.**

Since you met virtually in Riyadh last year, 7 billion vaccine doses have been administered.

Low-income countries, most of them in Africa, have received just 0.4% of those vaccines; more than 80% have gone to G20 countries. We understand and support every government's responsibility to protect its own people. But vaccine equity is not charity; it's in every country's best interests.

We welcome your support for WHO's targets to vaccinate 40% of the population of all countries by the end of this year, and 70% by mid-2022. 82 countries are at risk of missing that target. For most, the barrier is not absorptive capacity, it's insufficient supply. We call on those countries that have already reached 40% to swap your vaccine delivery schedules with COVAX and AVAT. We ask you to support local vaccine production in Africa. We call on those countries that have promised to donate vaccines to make good on those promises, as urgently as possible.

**Second, fully fund the Access to COVID-19 Tools Accelerator, which needs 23.4 billion U.S. dollars over the next 12 months to get tests, treatments and vaccines to where they are needed most.**

**Third, support an ambitious G20 Joint Finance-Health Task Force**, linked to a financial intermediary fund for additional financing of pandemic preparedness and response, with clear linkages to WHO as Chancellor Merkel outlined earlier.

**Fourth, adopt a treaty or international agreement rooted in the constitution of WHO.**

**And fifth, invest in a strengthened, empowered and sustainably financed WHO, at the centre of the global health architecture.**

When we met less than a year ago, 1.5 million people had lost their lives to COVID-19. A year later, the toll is 5 million. How many more will die, in this and future epidemics? The answer is in your hands.

**Solve the vaccine crisis; Fully fund the ACT Accelerator; Establish the task force and the fund; Adopt a treaty or international agreement; And strengthen WHO.**

I thank you Prime Minister.

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**Open letter to G20 Heads of State and Government - UNHCR, IOM & WHO**

*An appeal to G20 leaders to make vaccines accessible to people on the move*

29 Oct 2021

**We are writing to you on behalf of the millions around the world struggling to survive the COVID-19 pandemic far from home. Some have been forced to flee wars, conflict,**

**persecution and human rights violations. Others are on the move to escape socioeconomic hardship or the consequences of climate change.**

As strangers far from home, many are at risk of exclusion or neglect. Owing to their living situation, many face barriers accessing vaccinations, testing, treatment, care, and even reliable information.

**It is a stark reality that some of the world's poorest countries shoulder the greatest responsibility for supporting displaced people and other people on the move.** They need a reliable and adequate supply of vaccines and other critical supplies to stabilize their fragile and overburdened health systems, to help save the lives of their citizens, migrants, as well as refugees and other displaced people they host.

**Yet the current vaccine equity gap between wealthier and low resource countries demonstrates a disregard for the lives of the world's poorest and most vulnerable. For every 100 people in high-income countries, 133 doses of COVID-19 vaccine have been administered, while in low-income countries, only 4 doses per 100 people have been administered.**

Vaccine inequity is costing lives every day, and continues to place everyone at risk. History and science make it clear: coordinated action with equitable access to public health resources is the only way to face down a global public health scourge like COVID-19. We need a strong, collective push to save lives, reduce suffering and ensure a sustainable global recovery.

And while vaccines are a very powerful tool, they're not the only tool. Tests are needed to know where the virus is, treatments including dexamethasone and medical oxygen are needed to save lives, and tailored public health measures are needed to prevent transmission.

As the leaders of the world's largest economies, you have the power and responsibility to help stem the pandemic by expanding access to vaccines and other tools for the people and places where these are in shortest supply.

We welcome the fact that this weekend's summit in Rome will call for "courage and ambition" to tackle some of the greatest challenges of our time, and specifically the need to recover from the pandemic and overcome inequality. **We collectively call on you, G20 leaders, to commit to:**

**[1] Increase vaccine supplies for the world's poorest:** We call on the world's leading economies to fully fund and implement the Strategic Plan and Budget for the ACT Accelerator, and to distribute vaccines, tests and treatments where they are needed most. If we are to recover from the pandemic, we must — at a minimum — meet the targets to vaccinate 40 per cent of the world's population by year-end — and 70 per cent globally by mid-2022.

**[2] Ensure access to vaccines for all people on the move:** We call on every country to ensure that everyone on its territory regardless of legal status — including refugees, migrants, internally displaced people, asylum-seekers, and others on the move — have access to COVID-19 vaccines, tests and treatment for COVID-19. They should adopt concrete measures to remove barriers to vaccination for everyone on their territory — for example the need for specific documents, geographical barriers, the requirement in some settings that health care seekers are reported to immigration authorities, high fees — and fight misinformation that fuels vaccine hesitancy.

### **[3] Support low- and middle-income countries to combat COVID-19 with all available means:**

Low- and middle-income countries need comprehensive support – financial, political, technical, logistical – to vaccinate people quickly and effectively to expand access to tests and treatments, to implement tailored public health measures, and to build more resilient health systems to prepare for, prevent, detect and respond rapidly to future health emergencies.

We urge you to take swift action to ease the pandemic's devastating human toll.

Yours faithfully,

Filippo Grandi

UN High Commissioner for Refugees

António Vitorino

IOM Director General

Tedros Adhanom Ghebreyesus

WHO Director-General

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### **Remarks by World Bank Group President David Malpass to the G20 Leaders' Summit – Session I: Global Economy and Health**

Date: October 30, 2021 Type: Speeches and Transcripts

**“...The developing world faces multiple severe problems. The pandemic and the scarcity of COVID-19 vaccines are the most immediate.** In addition, the recovery is being undercut by inflation, energy shortages, and the breakdown of the supply chain.

**“These multiple problems are causing devastating reversals in development.** Poverty rates are rising, and literacy rates have dropped due to school closures. Progress on gender equality and education of girls have also reversed. Fragility and insecurity have become more common in dozens of countries, including in Sudan...

**COVID-19 vaccines are the highest priority and the most achievable.** Our Multilateral Leaders Task Force – WHO, WTO, IMF, and the World Bank – is working well together. Following our meeting last night, we issued a joint statement urging G20 members to fulfill all donation pledges in ways that deliver vaccines to arms. We noted that many pledges still do not specify a timeframe for delivery or even the type of vaccine that the donor expects to send. **It’s vital for countries with high vaccination rates to swap their near-term delivery schedules, particularly those in November and December, with low-income countries.** The World Bank is standing by and will actively finance these vaccines and their deployment.

**Progress on debt has stalled.** Debt for low-income countries rose 12% during the pandemic. This leaves no fiscal space for vaccines, education, safety nets, or climate. I urge you to explicitly accelerate the implementation of the Common Framework, request transparency and reconciliation of debt, and require the participation of private creditors. I join Kristalina in urging a debt payment standstill in the context of strengthening the Common Framework. Looking forward, steps need to be taken to balance

the legal relationship between creditors and sovereign debtors. The current relationship heavily favors creditors, disadvantaging people in low-income countries.

**Climate impacts and costs hit the poor the most.** I've strongly advocated climate actions that integrate climate and development. We can't approach the climate problem in a way that punishes the poor. The World Bank is spending more than ever on climate. The core of our Climate Change Action Plan is to bring multiple funding sources to bear on priority projects that will reduce greenhouse gas emissions and improve adaptation.

Let me conclude by urging all of you to support IDA. Concessional finance and grants are critical for the poorest countries. IDA provides 4 to 1 leverage for your contributions. It has been a main source of funding and preparedness for vulnerable countries and explicitly supports health, education, nutrition, and climate adaptation. We count on your support for an ambitious IDA20 replenishment in December as we tackle all these challenges together.

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### **G20 members have received 15 times more COVID-19 vaccine doses per capita than sub-Saharan African countries**

*Ahead of the G20 Leaders' Summit this weekend, 48 UNICEF Africa ambassadors and supporters unite, calling on countries to deliver doses by December.*

NEW YORK, 27 OCTOBER 2021 – G20 countries have received 15 times more COVID-19 vaccine doses per capita than countries in sub-Saharan Africa\*, according to a new analysis.

The analysis, conducted by science analytics company Airfinity, exposes the severity of vaccine inequity between high-income and low-income countries, especially in Africa. It found that **doses delivered to G20 countries per capita are:**

- **15 times higher than doses delivered per capita to sub-Saharan African countries;**
- **15 times higher than doses delivered per capita to low-income countries;**
- **3 times higher than doses delivered per capita in all other countries combined.**

"Vaccine inequity is not just holding the poorest countries back – it is holding the world back," said UNICEF Executive Director Henrietta Fore. "As leaders meet to set priorities for the next phase of the COVID-19 response, it is vital they remember that, in the COVID vaccine race, we either win together, or we lose together."

Wealthy countries with more supplies than they need have generously pledged to donate these doses to low- and middle-income countries via COVAX but these promised doses are moving too slowly. **Of the 1.3 billion additional doses countries have pledged to donate, only 356 million doses have been provided to COVAX.**

African countries in particular have largely been left without access to COVID-19 vaccines. Less than 5 per cent of the African population are fully vaccinated, leaving many countries at high-risk of further outbreaks.

As leaders prepare to meet for the G20 Summit in Rome this weekend, 48\* UNICEF Africa ambassadors and supporters from across the continent have united in an [open letter](#). They are calling

for leaders to honour their promises to urgently deliver doses, writing that "the stakes could not be higher."...

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### **Dear G20 leaders: Vaccine equity is a must for Africa**

*Vaccine inequity leaves lower income countries – many of them in Africa – at the mercy of COVID-19. Well-supplied countries must urgently deliver the doses they promised.*

Many countries in Africa have recently experienced a surge in COVID-19 cases and remain at high risk of further surges. But measures to contain the virus threaten fragile economic growth, and the stability of basic services such as health and education. Children are missing school and already fragile health systems are under increasing strain.

**People across Africa are signing and sharing an open letter calling on G20 leaders to honor their promises to urgently deliver doses.**

#### ***"Dear G20 leaders,***

At the COVID-19 Summit held at the United Nations recently, world leaders set a target that every country should vaccinate 70 per cent of its population. Many rich countries are on track, yet only a fraction of Africans are fully vaccinated.

This inequity is unjust – and self-defeating. It leaves Africans – and the whole world – at the mercy of the virus. Unchecked, it can create new and more dangerous variants.

Rich nations have pledged to donate over a billion vaccines this year and hundreds of millions more in 2022. This gives us hope. But Africa cannot wait. We need doses now.

**We call on you to donate doses by December, along with resources to turn vaccines into vaccinations – to train healthcare workers, equip them with personal protection, and the infrastructure to store and transport vaccines.**

The stakes could not be higher. Every day Africa remains unprotected, pressure builds on fragile health systems where there can be one midwife for hundreds of mothers and babies. As the pandemic causes a spike in child malnutrition, resources are diverted from life-saving health services and childhood immunization. Children already orphaned risk losing grandparents. Disaster looms for Sub-Saharan African families, four out of five of whom rely on the informal sector for their daily bread. Poverty threatens children's return to school, protection from violence and child marriage.

Every day we wait risks a tragic reversal of hard-won development gains.

Remember the relief you felt when you got your first dose, when you could hug your elders, see life get back on track for your children. Africa needs this too.

The path out of the pandemic is clear. But we can only get out together. Please donate doses by December.

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Davido	Neyma	Angelique Kidjo
Ramla Ali	Esther Chungu	Kindo Armani
Tendai Mtawarira	Maps Maponyane	Sarah Myriam Mazouz
Femi Kuti	Winnie Byanyima	Mirado
Serge Ibaka	Rev. Dr. Fidon Mwombeki	Bideew Bou Bess
Niu Raza	Teacher Wanjiku	Tony Elumelu
Brian "B-Flow" Bwembya	Edi Gathegi	Sekouba Bambino
Angel McCoughtry	Toofan	Asmaa James
Fabrice Ondoa	Khoudia	Dr Jane Ruth Aceng
Djaili Amadou Amal	Grace Hawa Weah	Sam Samourai
Extra Musica	Yeama Sarah Thompson	Astou Ndiaye-Diatta
Smarty	Tilka Paljk	Hamzo Bryn
Aminata Makou Traore	Cobhams Asuquo	Fantacee Wiz
J. Romeo Togba	Lebohang Masango	Shadrach "Trille" Wisner
Leo "IPORTAY" Bright	Rev. Dr. Master	His Eminence
The Most Rev. Bishop Albert Chama	Obolotswe Matlhaope	Sheikh Shaban Mubajje
Calema	Abdul Fatoma	Kate Henshaw
	His Eminence	El Hadji Assane Gueye
	John Cardinal Onaiyekan	Arlo Parks

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#### ***Joint UN/ Red Cross/Red Crescent Statement***

#### **Actions must speak louder than words: five asks to achieve equity in vaccine delivery**

28 Oct 2021

NEW YORK / GENEVA – In June 2020, a few months into the COVID-19 pandemic, the United Nations and the International Red Cross and Red Crescent Movement jointly called on governments, the private sector, international and civil society organizations to accelerate efforts to develop, test, and produce a safe and affordable “people’s vaccine” to protect everyone, everywhere and bring the crisis to an end.

A people's vaccine should protect the affluent and the poor, the elderly as well as the young, forcibly displaced persons, migrants regardless of their immigration status, and other often neglected populations, both in urban areas and in rural communities.

Fifteen months later, thanks to extraordinary scientific and technological advances, as well as global collaboration and mutual reliance in regulatory aspects, multiple safe and effective vaccines against COVID-19 are available and being administered in countries around the world. **Yet, despite lofty rhetoric about global solidarity, the goal of a “people’s vaccine” is far from being reached. Equitable vaccine distribution is a political, moral, and economic priority which has so far been largely neglected.**

**Profits and short-sighted vaccine nationalism continue to trump humanity when it comes to the equitable distribution of vaccines.** Though more than 48 per cent of the world's population has received at least one dose of the vaccine, that percentage drops to barely 3 per cent in low-income countries. The situation is particularly worrying in countries in humanitarian crisis which need almost 700 million more doses to reach the World Health Organization's target of vaccinating 40 per cent of their populations by the end of the year.

**Over half of the countries with a humanitarian appeal do not have enough doses to vaccinate even 10 per cent of their population. Seven of the poorest in the world only have enough doses to reach less than 2 per cent of their population (Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Haiti, South Sudan, and Yemen).**

Wealthy countries with access to large quantities of vaccines have generously pledged to donate their excess doses to low- and middle-income countries via COVAX. However, far too few of these donations have been received. Supply of doses to the most vulnerable continues to be constrained by export restrictions and an unwillingness of countries to give up their place in the production supply line to COVAX, even if they cannot use those doses immediately.

**The Humanitarian Buffer, part of the COVAX Facility, has been open for applications since June 2021. The Buffer is a measure of last resort** to ensure the world's displaced and other vulnerable populations are reached with COVID-19 vaccines. It is also part of the efforts to curb inequity, which would otherwise jeopardize social and economic recovery in humanitarian settings. We therefore need to urgently boost supply, share vaccines, and ensure that everyone has access.

**But having vaccine doses available is only part of the solution to this crisis. We must ensure that the vaccine makes it from the airport tarmac into the arms of the most vulnerable – including refugees, migrants, asylum seekers, marginalised groups, people who are stateless, and those living in areas controlled by armed groups and/or affected by armed conflict.** There must be greater investment in local delivery mechanisms and capacity, not only to guarantee that vaccines are delivered quickly and fairly, but also to strengthen national health systems for more effective pandemic preparedness and response.

**All around the world, efforts to curb the pandemic are undermined by mistrust that leads to vaccine hesitancy.** More than ever, it is important to work with and within communities, including through social media and community networks, to build trust and strengthen confidence on the efficacy and safety of vaccines. Activities that strengthen support for local actors and address misinformation

are key to ensuring the successful delivery of vaccines to local communities, especially those most at-risk.

**The United Nations and the International Red Cross and Red Crescent Movement remain steadfast in their commitment to ensure equitable and effective access to COVID-19 vaccines across the globe.** As the pandemic requires the international community to take extraordinary measures, today we unite our voices again to say it is time for actions to speak louder than words.

It is a humanitarian imperative and our shared responsibility to ensure that lives everywhere are protected, not only in the few countries that have the means to buy protection.

We call on governments, partners, donors, the private sector, and other stakeholders:

1. **to scale up COVID-19 vaccine supply and access to COVAX including through donations** from high-income countries to donate vaccines to those countries and regions that remain inequitably served;
2. **to increase the funding and support to local actors** to ensure that vaccines leave capital airports and reach everyone, including through investment both in the local health systems required for delivery and in community engagement to enhance acceptance and confidence in COVID-19 vaccines as well as vaccines in general;
3. **to strengthen the capacity for COVID-19 vaccine production and distribution worldwide**, particularly in low- and middle-income countries;
4. **to accelerate the transfer of technology and know-how:** investments made now will last well beyond this public health emergency and will strengthen the global capacity for response to future epidemics and pandemics;
5. **to request the lifting of all remaining barriers (by manufacturers) to allow humanitarian agencies access COVID-19 doses, including through waiving the requirement for indemnification**, particularly where the most vulnerable populations can only be reached by humanitarian agencies using the COVAX Humanitarian Buffer.

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### [Vaccine Nationalism, Hoarding Putting Us All at Risk, Secretary-General Tells World Health Summit, Warning COVID-19 Will Not Be Last Global Pandemic](#)

24 October 2021 SG/SM/20986

*Following is the text of UN Secretary-General António Guterres' video message to the World Health Summit, held in Berlin from 24 to 26 October:*

"This year's World Health Summit arrives at a time when health systems around the world have been shattered by COVID-19. Our commitment to achieving health for all has never been more important. Building forward better means strengthening primary health systems at the community level and achieving universal health coverage, so people can receive a range of services — no matter who they are or where they live. It means embracing a "One Health" approach to integrate human, animal and environmental health to protect people and our planet, while preventing future health emergencies.

And most urgently, it means ending the COVID-19 pandemic. **The triumph of the vaccines — developed and brought to market in record speed — is being undone by the tragedy of an**

**unequal distribution.** Three quarters of all vaccines have gone to high- and upper-middle-income countries. **Vaccine nationalism and hoarding are putting us all at risk.** This means more deaths. More shattered health systems. More economic misery. And a perfect environment for variants to take hold and spread.

Earlier this month, I joined [World Health Organization (WHO) Director-General] Dr. Tedros [Adhanom Ghebreyesus] to launch the Global COVID-19 Vaccination Strategy. A credible and costed plan to get vaccines into the arms of 40 per cent of people in all countries by the end of this year — and 70 per cent by the middle of 2022.

**We need manufacturers and countries alike to fulfil their dose-sharing pledges — including through swaps — and share the technology and intellectual property that can allow more countries to produce vaccines.** We need an immediate infusion of \$8 billion to ensure that distribution is equitable — and we call on the G20 to help us get there. And we need a modern and funded pandemic preparedness architecture that can prevent the mistakes we're making now from ever happening again.

**COVID-19 will not be the last pandemic we face. But it can be the last one we fail.** It's essential to increase the resources and authority of WHO. At this year's World Health Summit, let's move from alarm to action. And let's deliver the stronger health systems that every person deserves."

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### [New ACT-Accelerator strategy calls for US\\$ 23.4 billion international investment to solve inequities in global access to COVID-19 vaccines, tests & treatments](#)

*Joint statement from the ACT-Accelerator partners*

10/28/2021

- **New ACT-Accelerator strategic plan sets out urgent actions to address crucial gaps in access to COVID-19 tests, treatments, vaccines and personal protective equipment in low- and middle-income countries**, using the latest epidemiological, supply and market information.
- Delivering this plan is crucial to reaching globally agreed targets for COVID-19 tools, to help prevent at least 5 million potential additional deaths, save the global economy more than US\$ 5.3 trillion, and accelerate the end of the pandemic everywhere.
- **The ACT-Accelerator needs US\$ 23.4 billion until September 2022** to implement this plan, reflecting a fresh scope, advances in science and supply, and new actors joining the pandemic response.
- The new plan also responds to the recent independent Strategic Review's key recommendations and will be implemented alongside global health, government, civil society and private sector partners. The Access to COVID-19 Tools (ACT) Accelerator has today launched its strategic plan and budget for the next 12 months, outlining the urgent actions and funding needed to address deep inequities in the COVID-19 response, save millions of lives and end the acute phase of the pandemic.

The Access to COVID-19 Tools (ACT) Accelerator has today launched its strategic plan and budget for the next 12 months, outlining the urgent actions and funding needed to address deep inequities in the COVID-19 response, save millions of lives and end the acute phase of the pandemic.

Inequitable access to COVID-19 tests, treatments and vaccines is prolonging the pandemic everywhere and risking the emergence of new, more dangerous variants that could evade current tools to fight the disease. **So far, only 0.4% of tests and 0.5% of vaccines administered worldwide have been used in low-income countries, despite these countries comprising 9% of the global population...**

**Fully funding the new strategic plan and budget will enable the partnership to:**

- **Support the vaccination objectives of 91 lower-income countries** in the COVAX Advance Market Commitment (AMC) and other countries, by delivering sufficient doses and supporting vaccination campaigns to achieve 43% coverage in AMC countries – contributing to the global target of 70% coverage in all countries by mid-2022.
- **Assist the 144 countries in the Diagnostics Consortium in reaching a minimum testing rate** of at least 1 per 1000 people per day, and ensuring sufficient genetic sequencing capacity globally to rapidly detect new variants of concern.
- Ensure 120 million COVID-19 patients in low- and middle-income countries have access to existing and emerging treatments, including medical oxygen.
- Keep 2.7 million health workers in low- and middle-income countries safe with personal protective equipment (PPE)...

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**Navigating the World that COVID-19 Made: A Strategy for Revamping the Pandemic Research and Development Preparedness and Response Ecosystem**

Thomas J. Bollyky, Jennifer B. Nuzzo, Matthew P. Shearer, Natasha Kaushal, Samantha Kiernan, Noelle Huhn, Amesh A. Adalja, Emily N. Pond

Johns Hopkins - Center for Health Security

October 29, 2021 :: 53 pages

PDF: [https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2021/211029-PandemicVaccineDevelopmentReport.pdf](https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2021/211029-PandemicVaccineDevelopmentReport.pdf)

*Introduction [excerpt]*

...Beyond its human and economic toll, the COVID-19 pandemic has also exposed and redefined the realities of the global vaccine R&D and response ecosystem in the following ways:

- **There is now widespread recognition that safe and effective vaccines provide unparalleled health, social, and economic benefits during a pandemic.** Multiple governments have already announced new and potentially competing plans to invest in pandemic vaccine R&D and response. For example, China, which hardly shipped any vaccines abroad prior to the pandemic, has now become the largest exporter of COVID-19 vaccines to date.
- **COVID-19 has made it clear that most nations will not share scarce supplies of early vaccines and related inputs in a crisis.** From the United States to Europe to the African Union, efforts are underway to domesticate vaccine manufacturing and their associated supply chains. This "me-first" approach to COVID-19 vaccine allocation could also dim countries' enthusiasm for participating in future global pooled procurement initiatives and access and benefit sharing arrangements, given the reasonable fear that these arrangements might not be able to provide timely, equitable quantities of vaccines for LMICs in future crises.

- **COVID-19 demonstrated that pandemics can be profitable for vaccine manufacturers.** Record revenues for COVID-19 vaccines has drawn new vaccine developers into the market, but also made them less willing to enter into public sector and nongovernmental organization funding arrangements that impose equitable access requirements that could encumber potential profitmaking.
- **Geopolitics constrained COVID-19 response and threaten future global health security.** Global health emergencies have historically been a cause for increased international cooperation, but the response to the COVID-19 pandemic has been constrained by geopolitical rivalries. In this context, not all nations will be willing to cooperate closely on national security matters, such as pandemic vaccine R&D and response. Cooperation on pandemic R&D and response may be more feasible in groupings of regional partners or like-minded states, with global cooperation instead focused on promoting common standards and scientific collaboration.

Any future pandemic pathogen that emerges will do so in a world changed by and aware of these realities. To ensure that these lessons are heeded and to prevent the devastation of the present crisis from repeating in the next pandemic, governments, international institutions, and private sector actors must immediately act to address gaps and explore opportunities at each step along the vaccine value chain.

The measures to be taken should include:

- **Develop and fund an inclusive strategy for the R&D of prototype vaccine candidates for future pandemics.** Although highly effective vaccines against COVID-19 were developed in record time, shortening vaccine development time even further could yield substantial benefits in the next pandemic. To shorten the development timeframe during a pandemic, research and preliminary trials must be conducted before a pandemic may occur. Candidate vaccines for a representative prototype pathogen within each of the roughly 25 viral families most likely to cause the next pandemic could be developed and taken through Phase 1 clinical evaluation. This would allow the collection of early data on safety, dosage, and schedule of vaccine administration with that particular platform, antigenic target, or other design characteristics. Taking those candidate vaccines through Phase 2 clinical trials could help identify and characterize correlates of protection for those viral families. Conducting preclinical and early-stage clinical research in advance could potentially allow for shorter and much smaller-scale Phase 3 trials when a new virus emerges. Proposals by the Coalition for Epidemic Preparedness Innovations and the US Senate, if enacted and funded, could advance this research and enable vaccines to be developed within 100 days of identification of the next pandemic.
- **Engage local government and donor financing and policy support to enable global vaccine manufacturing scale up.** Producing a safe and effective vaccine within 100 days of a pandemic threat being detected would save significant time and lives. However, the benefits of ensuring that every country can administer vaccines at the same pace as most high-income countries have done in the COVID-19 pandemic would be even larger. Establishing vaccine manufacturing capacity in LMICs is essential to achieving this goal, but it should be viewed as a complement, not a near-term substitute, for investing in the economies of scale afforded by centralized production capacity. To succeed, donors and local governments will need to provide sustained financing, support the use of flexible business models, invest in manufacturing innovations, and establish mechanisms to facilitate and sustain technology transfer.

- **Create and support equitable financing, procurement, and allocation mechanisms to help end COVID-19 and prepare for the future.** Wealthy and vaccine-producing nations governments will always be able to outbid a multilateral procurement body or seize locally produced vaccine doses in a pandemic. Enabling a more equitable allocation of vaccines in the next pandemic requires creating more supply and procurement mechanisms in which vaccine-producing nations are willing to participate on the same level as LMICs. COVID-19 Vaccines Global Access, or COVAX, has achieved much during this pandemic, but concerns about its performance in the present crisis make it unlikely to be trusted in the next one. Regional mechanisms may offer the most hope, but they must be established in advance and routinely used to be trusted in future crises.
- **Strengthen cross-border trade, standardization, and supply chain transparency in order to expand vaccine manufacturing and access during a crisis.** The widespread use of export restrictions during the COVID-19 pandemic has contributed to unnecessary infections, hospitalizations, and deaths and continues to undermine efforts to prepare for future pandemic threats by discouraging international investments in vaccine and input manufacturing capacity. The threat of export restrictions on vaccines and related inputs should be reduced through adoption of regional trade and investment agreements, standardization of the specialized inputs needed for vaccine production, and greater supply chain transparency.
- **Build the systems needed to enable vaccine distribution, allocation, and uptake for the next pandemic.** While inadequate supplies may still be the single biggest factor limiting vaccine coverage globally, COVID-19 has also illustrated the need to devote adequate and timely attention to distributing and allocating vaccines and communicating with the public about vaccine-related risks and benefits. Dedicated plans are needed to ensure that high-priority groups can be vaccinated. Operationally feasible plans are also needed to support risk communication and community engagement and to combat the spread of misinformation and disinformation about vaccines.
- **Plan for global coordination of postmarket research studies.** Insufficient coordination of postmarket studies is compromising the ability to track COVID-19 vaccine effectiveness, monitor vaccine escape, and assess optimal dosing and the need for boosters. An independent, but government-supported organization, such as the Coalition for Epidemic Preparedness Innovations, could provide this level of international coordination of follow-on clinical investigations, in consultation with national regulatory authorities and research institutes. The World Health Organization could also assume a greater coordinating role on postmarket research studies by adapting its R&D Blueprint for Action to Prevent Epidemics.

Although COVID-19 has been described as a once-in-a-century crisis, another pandemic could occur at any time, including in the not-to-distant future. Other pandemic pathogens could emerge at any time, causing loss of life or quality of life and spillover economic, social, and political effects at the same, if not greater, magnitude than the world has suffered over the past 2 years. No one can say for certain how governments will respond when the next crisis emerges. What is certain is that national, regional, and international responses to COVID-19 are already writing the opening chapters of the next pandemic. Only by translating lessons learned into viable, equitable action can the world change the pandemic narrative in time for the next crisis.

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## **PREPARING SOCIETY AGAINST FUTURE PANDEMICS :: Policy Perspectives from the Innovative Biopharmaceutical Industry**

IFPMA - October 2021 :: 21 pages

PDF: [https://www.ifpma.org/wp-content/uploads/2021/10/IFPMA\\_Preparing\\_society\\_against\\_future\\_pandemics\\_Full\\_Report.pdf](https://www.ifpma.org/wp-content/uploads/2021/10/IFPMA_Preparing_society_against_future_pandemics_Full_Report.pdf)

### *Introduction [excerpts]*

Despite the many laudable actions in response to COVID-19 by individuals, institutions, governments and companies around the world, the pandemic has taken an immense toll on lives and livelihoods.

With more than 4.5 million reported deaths and 222 million infections worldwide,<sup>1</sup> and economic costs estimated at over US\$4 trillion of lost output,<sup>2</sup> **this is the greatest public health crisis in a century.** We can be certain that there will be future pandemics, fanned by both climate change and globalization. There is wide agreement that the world needs to be much better prepared for the next pandemic. Learning and applying the lessons from the continuing COVID-19 pandemic, as well as from other recent infectious disease outbreaks and epidemics, will be pivotal to this work.

Improving preparedness for future disease outbreaks with epidemic and pandemic potential is not a new idea; significant debate followed previous outbreaks such as the H1N1 influenza A virus, SARS (Severe Acute Respiratory Syndrome), Ebola and Zika. While some concrete actions were taken, it became clear during the COVID-19 pandemic that few were prepared for the scope and scale of response required. Governments, healthcare systems, multilateral organizations, regulators and other stakeholders have had to take unprecedented action to catch up with the pandemic and have been hindered in most cases by the **lack of robust or adequately tested plans, pre-established structures, resources or processes, including at the global level.** Despite the current strong political consensus to take action now, establishing the long-term, comprehensive and sustainable system needed to address an array of potential disease threats is a daunting challenge entailing substantial cost. The overall public financial investment required has been recently estimated at US\$15 billion a year.<sup>3</sup>...

**...The biopharmaceutical industry is committed to playing its part in further improving pandemic preparedness. Our vision for future pandemic preparedness is based on two ambitious objectives:**

**1 Aim to develop effective and safe pandemic products within 100 days of a new pandemic declaration.**

**2 Collaborate with governments, multilateral organizations, regulators, and other companies and sectors to ensure equitable access to those products for people worldwide.**

Fundamental to achieving both objectives is sufficient, sustained public funding and human capital to support the continuum from discovery and development to deployment at scale. **Effective governance and clear institutional roles and responsibilities remain of paramount importance.**

We describe below some of the critical lessons we have learned so far in tackling COVID-19 and make a series of proposals for steps the industry and other stakeholders need to take for future pandemic preparedness. We look forward to working closely with all concerned stakeholders to protect the world against future pandemics...

*Media Release*

**Bolstering action against future pandemics: pharma policy perspectives on delivering medical countermeasures**

25 October 2021

- :: Future pandemic preparedness discussions cannot and must not overshadow the need for urgent joint action to redistribute COVID-19 vaccines through COVAX and donations.
- :: Planning for better pandemic preparedness requires measures to develop effective and safe pandemic products even faster to save lives and livelihoods, which requires first pathogen sharing, second, strong incentive frameworks and third, a sustainable innovation ecosystem.
- :: To ensure equitable access to those products for people worldwide requires more effective collaboration with governments, multilateral organizations, regulators, and other companies and sectors.

**...Aiming for effective and safe pandemic products within 100 days will require pre-emptive R&D.** This goal, however, cannot be achieved in the absence of a robust incentive system, built on strong and predictable IP protection. The innovative biopharmaceutical industry commits to investing in research and development (R&D) on target pathogens with epidemic and pandemic potential to build a portfolio of promising candidate vaccines, treatments and technologies. **It also requires the immediate sharing of pathogens with epidemic and pandemic potential**, and associated information, with no strings attached. The innovative biopharmaceutical industry commits to ensuring the highest safety protocols for our laboratories and only to use shared samples and genetic sequence data for research purposes and for the production of vaccines, medicines and diagnostics.

**The solution to vaccine equity today resides in dose sharing, continuing to optimize output through manufacturing scaling up and voluntary licensing; as well as working together to enable countries to efficiently and effectively vaccinate their people.** For future pandemics, it is imperative to continue building on what has worked well: the pivotal role of a strong innovation ecosystem and a strengthened, well-funded procurement system for lower-income countries. The scientific and industrial success has been nothing short of extraordinary. It is also imperative to be better prepared to ensure equitable access to pandemic products for people worldwide...

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**COVID Vaccines - Syringe Shortage**

**Urgent action needed now to ensure sufficient COVID vaccine syringe supply to meet 2022 vaccination targets**

*Increased demand, supply chain disruptions, and 'syringe nationalism' could lead to significant challenges in 2022 without immediate action*

*Statement by UNICEF Executive Director Henrietta Fore*

NEW YORK, 27 OCTOBER 2021 – “Without action now, the world could face a serious shortage of COVID vaccine syringes by the end of 2022, with potentially dire consequences for the global effort to bring the pandemic under control.

“Last month, supporters of the global effort to provide access to COVID-19 vaccines aligned around a new target during the Vaccine Summit held on the margins of the UN General Assembly: Vaccinating at least 70 per cent of the population in every country against COVID by 2022. This ambitious aim intends to deliver on the promise of more equal access to COVID-19 vaccines.

“However, as we collectively ramp up access to COVID-19 vaccines, we must equally ramp up access to the syringes needed to administer them.

“Working closely with partners, UNICEF has been leading the charge. We tripled the number of syringes ordered to meet demand – securing almost 3 billion auto-disable syringes since 2020, including the creation of a GAVI-funded stockpile of half a billion syringes to prepare for the COVID-19 vaccine rollout.

**“Thus far, this supply has been sufficient to meet the increased needs for syringes sourced via UNICEF. However, to reach the new COVID-19 vaccination targets, and assuming an unhindered vaccine supply next year, there could be a shortfall of up to 2.2 billion auto-disable syringes, according to UNICEF projections.**

**This shortage would only hit the type of syringes that lock automatically to prevent reuse, as required by WHO and UNICEF guidelines. Low- and middle-income countries – where this type of syringe is critical for safety – will bear the brunt of this shortage.** We are not anticipating a significant supply shortage of the more standard syringes used in high-income countries.

“The anticipated shortfall is the result of the significantly higher demand, disruptions to international freight and supply chains, an unpredictable supply of vaccines due to a significant reliance on much needed donated doses, and national bans on syringe exports.

**“To avert this scenario, we need six urgent, but achievable, actions:**

- Expanded access to supply, both of standard 0.5ml auto-disable syringes used for most COVID-19 vaccines and for routine immunization, and 0.3ml syringes used for the Pfizer-BioNTech COVID-19 vaccine. This will necessarily require increased production by manufacturers of relevant and quality-assured products.
- A more secure and predictable supply of COVID-19 vaccines to allow us to make best use of limited syringe supply.
- The prioritization of injection equipment shipments by international freight carriers similar to the prioritization of vaccine shipments.
- An end to ‘syringe nationalism’ and the hoarding of desperately needed safe injection equipment.
- A review of the plans and timing of local immunization campaigns, as well as the phasing of local COVID-19 vaccination rollouts, so that the public health impact of global immunization campaigns can be optimized, and global syringe supply can be best utilized without significantly impacting critical immunization efforts worldwide.

- The consideration of expanded use of alternative quality-assured reuse prevention (RUP) syringes as the next best alternative to auto-disable syringes, in line with the national policy of the recipient countries based on WHO/UNICEF guidelines.
- "We are working with key partners – including the United States, COVAX, PATH, donors, syringe manufacturers and others – to take the necessary action to address the situation, and will continue to monitor progress. We are working to get the most out of our existing arrangements and to sign new agreements with syringe suppliers that are able to step up to the challenge in 2022..."

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### **Duke University and Covid Collaborative Launch Global Accountability Platform To Accelerate Equitable Covid-19 Pandemic Response**

10.19.21

#### *Covid GAP Seeks Collaborations Around the World*

Washington, DC—Nearly two years into the Covid-19 pandemic, the global response continues to be slow, fragmented, and inequitable. The widening gap between vaccine haves and have-nots around the world has prolonged the pandemic, worsened global inequality, risked the emergence of new viral variants that could evade vaccine immunity, and confronted countries with very different prospects for pandemic and economic recovery. In response, Duke University and the Covid Collaborative are launching the Covid Global Accountability Platform ([Covid GAP](#)), an independent initiative that aims to provide evidence-based tracking, insights, and recommendations that collectively help hold the world to account to meet pressing needs, deliver on commitments, and accelerate the end of the pandemic...

To achieve its goal, Covid GAP is collaborating with The Rockefeller Foundation, the Bill & Melinda Gates Foundation, and multiple stakeholders and data sources to:

- build strong partnerships and collaborations with organizations and individuals in low- and middle-income countries and empower local leaders through evidence-driven insights to prioritize and access urgently needed resources;
- analyze vaccine production, contracting and delivery, as well as dose donations and countries' vaccination capabilities and demand, along with actual vaccinations, and link these analyses to actionable recommendations to accelerate progress;
- identify and address the need for other critical interventions, including testing, therapies, oxygen, and personal protective equipment (PPE); and
- track commitments and targets for future pandemic preparedness.

Across these efforts, Covid GAP will identify critical needs for additional data transparency from the public and private sectors, including high-income countries and manufacturers, and will seek to unlock additional data to enable stronger, more coordinated, and more equitable global response and decision-making...

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**African Development Bank** [to 30 Oct 2021]  
<https://www.afdb.org/en/news-and-events/press-releases>  
*Press Releases*

## **Africa Investment Forum: Projects worth \$140 million on the table to boost vaccines and healthcare in West and East Africa**

23-Oct-2021 - Members of the Africa Investment Forum team showcased two projects during a virtual investor roundtable as the continent looks to boost its healthcare sector and attract much-needed investment in the wake of the Covid-19 pandemic. The projects, jointly worth around \$140 million and located in East and West Africa, were previewed for potential investors.

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## **Joint Statement of the Multilateral Leaders Taskforce on the Strategies to Accelerate the Supply and Deployment of COVID-19 Vaccines Following its Fifth Meeting**

ROME, October 30, 2021 —

The heads of the International Monetary Fund, World Bank Group, World Health Organization and World Trade Organization met to discuss strategies to accelerate the supply and deployment of COVID-19 vaccines, especially in low- and lower middle-income countries. The Multilateral Leaders Task Force (MLT) issued the following Joint Statement:

**"The global rollout of COVID-19 vaccines is severely off track,** resulting in a sharp divergence between rich and poor countries. Of the 7 billion vaccine doses administered globally, only 35 million doses, or 0.5%, have been administered in low-income countries. In advanced economies, over 60% of the population is fully vaccinated, with some now receiving booster shots, while less than 2% of the population in low-income countries is fully vaccinated.

**"The pandemic remains the biggest risk to economic health, and its impact is made worse by unequal access to vaccines, tests, treatments, and PPE.** That's why we need to reach the global targets to vaccinate at least 40% of people in every country by end-2021, and 70% by mid-2022. But we are still behind: some 82 countries, half of which are in Africa, are not on track to meet the 2021 target. Inadequate supply of vaccines is the primary problem for these countries, which are at the back of the vaccine supply queue. Almost 500 million more doses need to be delivered in low-income countries alone before year-end to achieve the 40% target.

**"To bring an end to the pandemic and support a broad-based recovery, the G20 needs to:**

- **Accelerate existing dose donations to COVAX**, pledge new ones, and provide greater visibility on delivery schedules;
- **Execute large swaps of near-term delivery schedules with AVAT, COVAX, and bilateral contracts well in advance of doses expiring** (like the recent announcement between Moderna, the African Union, and the U.S. to make doses available to Africa);
- **Eliminate export restrictions** on vaccines and critical inputs; and
- **Agree on regular high-level political stock takes** to build collective accountability to end the pandemic.

"At the same time, countries must be ready and able to deploy vaccines when they arrive. Data published on the Task Force [website](#) shows many examples of low-and lower middle-income countries that are administering doses effectively. We continue to monitor and help address logistical, workforce-related, and other bottlenecks on the ground and prepare countries for vaccine deployment.

"Trade has an essential role in ensuring the scale up of vaccine production and access to critical health related goods and inputs. We continue to work with countries to address finance, trade, and regulatory barriers that pose constraints to the supply and equitable delivery of vaccines. With the WTO's 12th Ministerial Conference approaching at the end of November, we strongly urge its members to ensure that the multilateral trading system fully supports efforts to address current and future pandemics.

"Urgent action, especially by the G20, is needed now. **A failure to act could mean COVID-19 will have a prolonged impact into the medium-term, which could reduce global GDP by a cumulative \$5.3 trillion over the next five years and lead to five million additional lives lost.**

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### **[WHO-Unitaid statement on the MPP licensing agreement for molnupiravir](#)**

Geneva, 27 October 2021 –

**WHO and Unitaid welcome the signing of a voluntary licensing agreement by the Medicines Patent Pool (MPP) and MSD to facilitate affordable access to molnupiravir, a new medicine being tested in clinical trials for treating COVID-19 in adults.**

Molnupiravir, an investigational oral antiviral medicine, was reported to reduce the risk of hospitalization in patients with mild to moderate COVID-19 by 50% in interim phase III clinical trials. It is currently being evaluated for inclusion into the WHO living guideline on COVID-19 therapeutics and is pending authorization for its use from regulatory bodies. If approved, it will be the first oral medicine for non-hospitalized mild-to-moderate COVID-19 patients.

The MPP/MSD licensing agreement is a positive step towards creating broader access to the treatment as quickly as possible by allowing generic licensees from around the world to prepare supplies and create more affordable versions of the medicine, pending WHO recommendations and other regulatory authorizations. This will shorten the time from approval of the medicine to its availability in the 105 low- and middle-income countries covered by the licence and where there is no patent infringement and licensed know-how has not been used. We hope the company will include other key countries in the scope of the agreement in the near future.

**We commend MPP for negotiating the licence from a public health perspective – in line with WHO's COVID-19 Technology Access Pool (C-TAP) principles, it is non-exclusive and transparent.**

We urge the manufacturer to provide data of clinical trials to WHO as soon as possible, so that the agency can evaluate the medicine for global use.

Other companies developing vaccines, therapeutics and diagnostics should consider open and transparent licences as soon as possible, especially for other promising COVID-19 health technologies, for which we also need to ensure broad supply and affordability in all countries in order to end the pandemic. Both the Access to COVID-19 Tools Accelerator (ACT-A) and C-TAP, in partnership with MPP, are working to facilitate such licences, and look forward to an open dialogue with relevant developers.



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

*Public Health Emergency of International Concern (PHEIC)*

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### ***Weekly Epidemiological and Operational updates***

*Last update: 29 Oct 2021*

<b>Confirmed cases ::</b>	245 373 039	[242 348 657 week ago]
<b>Confirmed deaths ::</b>	4 979 421	[4 927 723 week ago]
<b>Vaccine doses administered:</b>	6 838 727 352	[6 655 399 359 week ago]



### **Statement on the ninth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**

26 October 2021 *Statement*

The ninth meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding the coronavirus disease (COVID-19) pandemic took place on Friday 22 October 2021 from 13:00 to 17:05 Geneva time (CEST).

...The Secretariat presented updates on:

- global epidemiological context and the factors driving transmission;
- anticipated evolution of COVID-19 and forecasted potential future scenarios;
- ongoing challenge of global COVID-19 vaccine inequity and projections for increasing COVAX Facility vaccine supply; and
- States Parties' increasing consistency in following recommendations regarding health measures for international traffic.

#### **The Committee discussed key issues including:**

- SARS-CoV-2 surveillance efforts and challenges;
- immunity acquired through natural infection or vaccination and protection offered by both;
- the value of intra-action reviews for States Parties to inform and enhance response efforts; and
- the importance of maintaining risk-informed and multi-faceted PHSM.

**The Committee expressed concerns over the challenges faced by the African Region in responding to the COVID-19 pandemic, including accessing sufficient vaccines, diagnostics, and therapeutics, as well as collecting, analysing, and reporting epidemiological and quality laboratory data, including genomic sequencing data, required to monitor the evolution of the COVID-19 pandemic.** The Committee urged for adequate resourcing, capacity building, and technical support for the Region and its Member States to strengthen their surveillance and response efforts...

**The Committee underlined that, while progress has been made through increased uptake of COVID-19 vaccines and therapeutics, analysis of the present situation and forecasting models indicate that the pandemic is far from finished.** The Committee emphasized that there is a critical need for States Parties to continue using all available tools including PHSM, vaccination,

diagnostics, therapeutics, and effective communications to control the pandemic and mitigate its negative impacts on health as well as social-economic and educational contexts. In addition, the Committee recognized that the protracted nature of the COVID-19 pandemic poses an additional burden in the context of complex humanitarian emergencies, mass migration, population displacement, and other crises. As such, the Committee suggested States Parties consider revising their preparedness and response plans and assistance policies to account for these interdependencies.

**The Committee unanimously agreed that the COVID-19 pandemic still constitutes an extraordinary event** that continues to adversely affect the health of populations around the world, poses a risk of international spread and interference with international traffic, and requires a coordinated international response. **As such, the Committee concurred that the COVID-19 pandemic remains a public health emergency of international concern (PHEIC)** and offered its advice to the Director-General.

**The Director-General determined that the COVID-19 pandemic continues to constitute a PHEIC. He accepted the advice of the Committee and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR.**

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General. The Director-General thanked the Committee for its work...

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### **WHO Statement on Solidarity Trial Vaccines**

26 October 2021 *Statement*

WHO and the Ministries of Health of Colombia, Mali, and the Philippines announce the launch of the co-sponsored Solidarity Trial Vaccines. **This is an international, randomized clinical trial platform designed to rapidly evaluate the efficacy and safety of promising new candidate vaccines selected by an independent vaccine prioritization advisory group composed of leading scientists and experts.**

This announcement comes after the relevant regulatory authorities and ethics committees have granted approval for the study to progress.

The national principal investigators and their research teams in **Colombia, Mali, and the Philippines have begun recruiting volunteers joining the trial. The Solidarity Trial Vaccines is beginning with research teams in over 40 trial sites spread across the three countries.**

National research teams bring together experienced investigators well-versed in good clinical practice and the conduct of clinical trials.

To date, the independent vaccine prioritization advisory group has reviewed the evidence of around 20 candidate vaccines. Following the recommendation of the working group, **2 candidate vaccines are now included in the Solidarity Trial Vaccines. These are a protein subunit vaccine from Medigen, and a DNA vaccine encoding the spike protein from Inovio.**

**Two additional vaccines are expected to enter the Solidarity Trial Vaccines once additional evidence and documentation has been reviewed and accepted** as satisfactory by the

independent vaccine prioritization advisory group. It is expected that other candidate vaccines currently under consideration by the vaccine prioritization advisory group may be added to the trial in late 2021 and during 2022.

The Solidarity Trial Vaccines aims to accelerate the evaluation of multiple promising candidate COVID-19 vaccines, contributing to the creation of a larger portfolio of vaccines needed to protect people from COVID-19 around the world. **The trial has the additional potential to uncover second-generation vaccines with greater efficacy, conferring greater protection against variants of concern, offering longer duration of protection, and/or using needle-free routes of administration.**

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### Weekly epidemiological update on COVID-19 - 26 October 2021

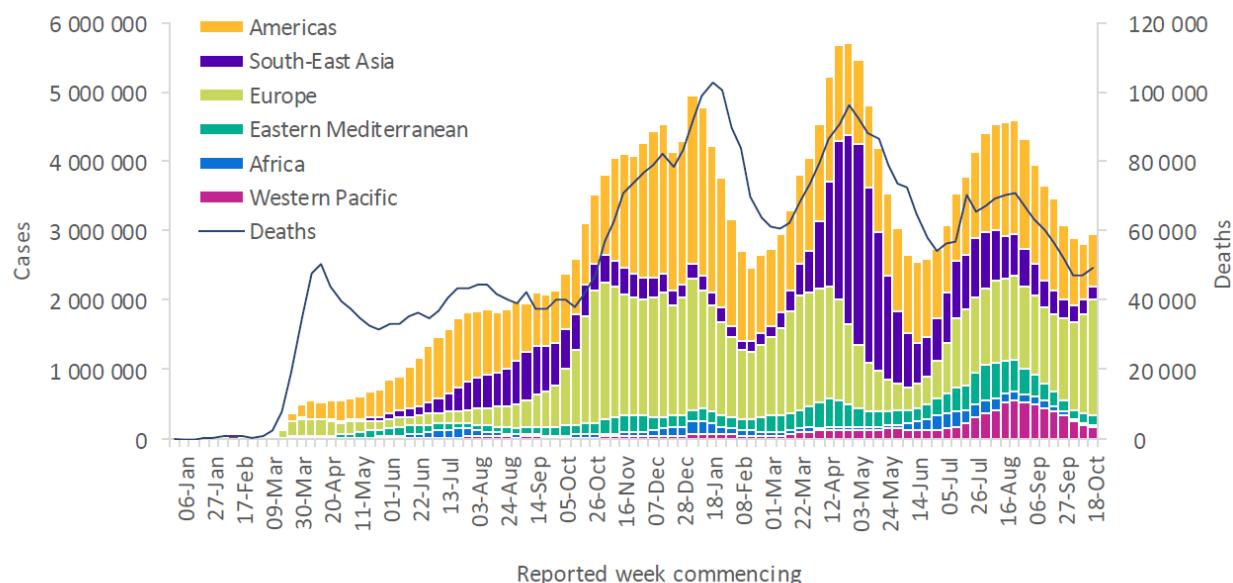
WHO

#### *Overview*

Globally, the numbers of weekly COVID-19 cases and deaths increased slightly during the past week, with over 2.9 million cases and over 49 000 new deaths, a 4% and 5% increase respectively. With the exception of the European region, which continues for the fourth consecutive week to reported an increase in new COVID-19 cases (18% increase as compared with the previous week), other regions reported a decline. The largest decrease in new weekly cases was reported from the African Region (21%), followed by the Western Pacific Region (17%). The European and South-East Asia regions reported an increase in new weekly COVID-19 deaths, 14% and 13% respectively, as compared with the previous week. The largest decline in new weekly deaths was reported from the Western Pacific region showing a 13% decrease as compared to the previous week.

As of 24 October, over 243 million confirmed cases and over 4.9 million deaths have been reported since the start of the pandemic.

**Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 October 2021\*\***



\*\*See Annex 2: Data, table and figure notes



## WHO Director General Speeches [selected] <https://www.who.int/director-general/speeches>

30 October 2021 Speech

### **WHO Director-General's remarks at Session 1- Global Economy and Global Health at the G20 Summit - 30 October 2021**

[See G20 above for detail]

28 October 2021 Speech

### **WHO Director-General's opening remarks at the media briefing on COVID-19 - 28 October 2021**



## **Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process 20 October 2021**

For 23 vaccine candidates, presents Manufacturer, Name of Vaccine, NRA of Record, Platform, EOI Accepted Status, Pre-submission Meeting Held Status, Dossier Accepted for Review, Status of Assessment; Anticipated/Completed Decision Date

[Full scale view available at title line above]

Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process								Guidance Document 20 October 2021	
	Manufacturer / WHO EUL holder	Name of Vaccine	NRA of Record	Platform	EOI accepted	Pre-submission meeting held	Dossier accepted for review*	Status of assessment**	Decision date***
1.	BioNTech Manufacturing GmbH	BNT162b2/COMIRNATY Tozinameran (INN)	EMA	Nucleoside modified mRNA	✓	✓	✓	Finalized: Additional sites: - Baxter Oncology GmbH Germany (DP) - Novartis Switzerland - Mibe (Dermapharm) Germany (DP) - Delpharm, Saint-Remy FRANCE (DP) - Shelf life extension: 9 months at -70 to -90°C - Sanofi-Aventis Deutschland GmbH Germany Diluent suppliers: - Pfizer Perth, Australia/Fresenius Kabi, USA	31/12/2020 30/06/2021 08/07/2021 16/07/2021 17/09/2021 20/09/2021 06/10/2021 18/06/2021
			USFDA				✓	Finalized: - Pharmacia & Upjohn, Kalamazoo (DP)/PGS - McPherson (DP) - Exlead, Inc. Indianapolis USA	16/07/2021 16/07/2021 30/09/2021
2.		AZD1222 Vaxzevria	EMA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	✓	✓	✓	Core data finalized	16 April 2021
3.	AstraZeneca, AB	AZD1222 Vaxzevria	MFDS KOREA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	✓	✓	✓	Finalized: Additional sites: - SK-Catalent - Wuxi (DS) - Chemo Spain - Amgen Ohio US (DP)	16 April 2021 30 April 2021 04 June 2021 23 July 2021
4.		AZD1222 Vaxzevria	Japan MHLW/PMDA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	✓	✓	✓	Finalized Additional sites: Nippon Pharma Corporation Ise, Japan	09 July 2021 11 October
5.		AZD1222 Vaxzevria	Australia TGA	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	✓	✓	✓	Finalized Additional site: Siam Bioscience Co., Ltd Thailand	09 July 2021 11 October 2021
6.									
7.	Serum Institute of India Pvt. Ltd	Covishield (ChAdOx1_nCoV-19)	DCGI	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	✓	✓	✓	Finalized	15 Feb 2021
8.	Janssen Infectious Diseases & Vaccines a Johnson & Johnson Company Janssen-Cilag International NV	Ad26.COVID-5	EMA	Recombinant, replication-incompetent adenovirus type 26 (Ad26) vectored vaccine encoding the (SARS-CoV-2) Spike (S) protein	✓	✓	✓	Core data finalized (US +NL sites) Additional sites: - Merck, Durham, UK (DS) - Merck, West Point/PA (DP) - Future submission - Ongoing	12 March 2021 -2 June 2021 - 02 July 2021 - As submitted - TBC

**Vaccines** Guidance Document  
20 October 2021

Manufacturer / WHO EUL holder	Name of Vaccine	NRA of Record	Platform	EOI accepted	Pre-submission meeting held	Dossier accepted for review*	Status of assessment**	Decision date***
9.  <b>moderna</b>	mRNA-1273	EMA	mNRA-based vaccine encapsulated in lipid nanoparticle (LNP)	✓	✓	✓	Finalized	30 April 2021
			mNRA-based vaccine encapsulated in lipid nanoparticle (LNP)		✓	✓	Finalized - ModernaTx, Norwood (DS) - Catalent Indiana, LLC (DP) - Lonza Biologics, Inc, Portsmouth, USA (DS) - Baxter, Bloomington, USA (DP)	06 August 2021
10.  Beijing Institute of Biological Products Co., Ltd. (BIBP)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)	NMPA	Inactivated, produced in Vero cells	✓	✓	✓	Finalized 2 and 5 dose presentation (new manufacturing site)	07 May 2021 TBC after ongoing inspection
11.  <b>SINOVAC</b> Sinovac Life Sciences Co., Ltd., Sinovac Life Sciences Co., Ltd.	COVID-19 Vaccine (Vero Cell), Inactivated/Coronavac™		Inactivated, produced in Vero cells	✓	✓	✓	Finalized 2 dose presentation	01 June 2021 30 September 2021
12.  THE GAMALIEV NATIONAL CENTER	Sputnik V	Russian NRA	Human Adenovirus Vector-based Covid-19 vaccine	Additional information submitted	Several meetings have been and continue to be held.	"Rolling" submission incomplete.	Process restarted, awaiting completion of rolling submission and CAPAs to fast inspection-	Anticipated date will be set once all data is submitted and follow-up of inspection observations completed.
13.  Bharat Biotech, India	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)/COVAXIN	DCGI	Whole-Virion Inactivated Vero Cell	✓	✓	Rolling data started 06 July 2021	Ongoing	October 2021
14.  Sinopharm / WIBP <sup>2</sup>	Inactivated SARS-CoV-2 Vaccine (Vero Cell)	NMPA	Inactivated, produced in Vero cells	✓	✓	Rolling data started 23 July 2021	Ongoing	To be confirmed
15.  CansinoBIO	Ad5-nCoV	NMPA	Recombinant Novel Coronavirus Vaccine (Adenovirus Type 5 Vector)	✓	✓	Rolling data started 09 August 2021	Ongoing; inspection ongoing	TBC
16.  NOVAVAK	NVX-CoV2373/Covovax	EMA	Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant.	✓	✓	Rolling data starting in August 2021	Ongoing	TBC
17.  SANOFI	CoV2 preS dTM-AS03 vaccine	EMA	Recombinant, adjuvanted	✓		Rolling data started 30 July 2021	Ongoing	TBC
18.  Serum Institute of India Pvt. Ltd., Covax Research Fund	NVX-CoV2373/Covovax	DCGI	Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant.	✓		Rolling data starting in August 2021	Ongoing	TBC
19. Clover Biopharmaceuticals	SCB-2019	NMPA	Novel recombinant SARS-CoV-2 Spike (S)-Trimer fusion protein	✓	✓	Rolling data starting 20 September	Screened and communicated gaps. Data awaited	
20.  CUREVAC, BioNTech	Zorecimeran (INN) concentrate and solvent for dispersion for injection; Company code: CVnCoV/CV07050101	EMA	mNRA-based vaccine encapsulated in lipid nanoparticle (LNP)	✓	Planned for Q4 of 2021, at request of the applicant. Application withdrawn by manufacturer.			
21. Zhifei Longcom, China	Recombinant Novel Coronavirus Vaccine (CHO Cell)	NMPA	Recombinant protein subunit	✓	Presubmission to be planned			

**Vaccines** Guidance Document  
20 October 2021

Manufacturer / WHO EUL holder	Name of Vaccine	NRA of Record	Platform	EOI accepted	Pre-submission meeting held	Dossier accepted for review*	Status of assessment**	Decision date***
22. Vector State Research Centre of Virology and Biotechnology	EpiVacCorona	Russian NRA	Peptide antigen	Letter received not EOI. Reply sent on 15/01/2021				
23. IMBCAMS, China	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)	NMPA	Inactivated	Not accepted, still under initial development				
24. BioCubaFarma - Cuba	Soberana 01, Soberana 02, Soberana Plus Abdala	CECMED	SARS-CoV-2 spike protein conjugated chemically to meningococcal B or tetanus toxoid or Aluminum	Awaiting information on strategy and timelines for submission				

1. Beijing Institute of Biological Products Co-Ltd

2. Wuhan Institute of Biological Products Co Ltd

\* Dossier Submission dates: more than one date is possible because of the rolling submission approach. Dossier is accepted after screening of received submission.

\*\* Status of assessment: 1. Under screening; 2. Under assessment; 3. Waiting responses from the applicant. 4. Risk-benefit decision 5. Final decision made

\*\*\* Anticipated decision date: this is only an estimate because it depends on when all the data is submitted under rolling submission and when all the responses to the assessors' questions are submitted.



## COVID Vaccine Developer/Manufacturer Announcements

[relevant press releases/announcement from organizations from WHO EUL/PQ listing above]

### AstraZeneca

Press Releases - No new digest announcements identified

### BioCubaFarma – Cuba

Últimas Noticias - [Website not responding at inquiry; receiving 403-Forbidden]

### CanSinoBIO

News - [Website not responding at inquiry]

### Clover Biopharmaceuticals - China

News - No new digest announcements identified

**Curevac [Bayer Ag – Germany]**

News - No new digest announcements identified

**Gamaleya National Center**

Latest News and Events - No new digest announcements identified [See Russia/RFID below]

**IMBCAMS, China**

Home - No new digest announcements identified

**Janssen/JNJ**

Press Releases - No new digest announcements identified

**Moderna**

Press Releases

October 29, 2021

**Moderna Announces Additional Supply for Q2 2022 of Vaccine for COVAX To Help End COVID-19 Pandemic in Lowest Income Countries**

:: Q2 deliveries almost double – a further 56.5 million in options exercised by COVAX, for a total 116.5 million doses for delivery in the second quarter of 2022

:: Per the original APA, COVAX Facility retains options for up to 233 million additional doses in 2022

:: Doses provided at lowest tiered price, in keeping with Moderna's global access principles commitment

CAMBRIDGE, Mass.--(BUSINESS WIRE)--Oct. 29, 2021-- Moderna, Inc. (Nasdaq: MRNA), a biotechnology company pioneering messenger RNA (mRNA) therapeutics and vaccines, today announced an agreement with Gavi, the Vaccine Alliance to supply up 116.5 million doses of Moderna's COVID-19 vaccine to be delivered in the second quarter of 2022. The exercise of these options for additional doses represents an increase from an earlier agreement for 60 million doses of Moderna's COVID-19 vaccine that was communicated earlier this year. As per the advance purchase agreement signed on behalf of the COVAX Facility, Gavi continues to retain the option to procure 233 million additional doses in 2022 for a potential total of 500 million doses between 2021 and 2022 under the agreement. All doses are offered at Moderna's lowest tiered price, in line with the Company's global access commitments.

This agreement covers the 92 Gavi COVAX Advance Market Commitment (AMC) low- and middle-income countries. COVAX is a global initiative co-led by Gavi, the Vaccine Alliance (Gavi), the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO), to ensure equitable access to COVID-19 vaccines for all countries, regardless of income levels.

"I am grateful to our partners at Gavi and COVAX for their work and collaboration to reach this agreement. This is another important milestone as we work to ensure that people around the world have access to our COVID-19 vaccine," said Stéphane Bancel, Chief Executive Officer of Moderna. "We support COVAX's mission to ensure broad, affordable and equitable access to COVID-19 vaccines and we remain committed to doing everything that we can to ending this ongoing pandemic with our mRNA COVID-19 vaccine. We have recently offered to COVAX to access more vaccines for Q2 and Q3 2022."...

October 26, 2021

**Moderna Announces First Participant Dosed in Phase 3 Pivotal Registration Study of Its mRNA Cytomegalovirus (CMV) Vaccine**

October 26, 2021

**Moderna Announces Swissmedic Authorizes Booster Dose of Moderna's COVID-19 Vaccine**

- :: Authorization granted for particularly vulnerable individuals 12 years of age and older
- :: Swissmedic also authorized a third dose for individuals 12 years of age and older with a weakened immune system

October 26, 2021

**Moderna Announces Memorandum of Understanding to Supply up to 110 Million Doses of Its COVID-19 Vaccine to the African Union**

- :: Doses offered at Moderna's lowest tiered price in line with its global access commitments
- :: This agreement is in addition to Moderna's agreement with COVAX for up to 500 million doses of the Moderna COVID-19 vaccine through 2022
- :: Discussions ongoing for fill/finish manufacturing in Africa in 2023, as stepping stone to Moderna drug substance plant in Africa

CAMBRIDGE, Mass.--(BUSINESS WIRE)--Oct. 26, 2021-- Moderna, Inc. (Nasdaq:MRNA), a biotechnology company pioneering messenger RNA (mRNA) therapeutics and vaccines, today announced a new Memorandum of Understanding (MoU) to make up to 110 million doses of the Moderna COVID-19 vaccine available to the African Union. The Company is prepared to deliver the first 15 million doses in the fourth quarter of 2021, 35 million doses in the first quarter of 2022, and up to 60 million doses in second quarter 2022. All doses are offered at Moderna's lowest tiered price, in line with the Company's global access commitments...

...The Company is also working on plans to allow it to fill doses of its COVID-19 vaccine in Africa as early as 2023, in parallel to building an mRNA vaccine manufacturing facility in Africa. This new MoU would be in addition to Moderna's agreement with COVAX to supply up to 500 million doses of its COVID-19 vaccine from the fourth quarter of 2021 through 2022. Additionally, the Company recently announced an investment of up to \$500 million to plan to build a state-of-the-art mRNA facility in Africa with the goal of producing up to 500 million doses of vaccines at the 50 µg dose level each year.

October 25, 2021

**Moderna Announces European Medicines Agency's Committee for Medicinal Products for Human Use Recommends Booster Dose of Moderna's COVID-19 Vaccine in the European Union**

October 25, 2021

**Moderna Announces Positive Top Line Data from Phase 2/3 Study of COVID-19 Vaccine in Children 6 to 11 Years of Age**

**Novavax**

*Press Releases*

**Novavax Files for Provisional Approval of its COVID-19 Vaccine in Australia** Oct 29, 2021

**Novavax Files for Authorization of its COVID-19 Vaccine in the United Kingdom** Oct 27, 2021

**Pfizer**

*Recent Press Releases*

10.29.2021

**Pfizer and BioNTech Receive First U.S. FDA Emergency Use Authorization of a COVID-19 Vaccine in Children Ages 5 Through 11 Years**

10.28.2021

**Pfizer and BioNTech to Provide U.S. Government an Additional 50 Million Pediatric Doses of COVID-19 Vaccine to Support Further Preparedness for Future Needs**

10.26.2021

**FDA Advisory Committee Votes in Favor of Granting Emergency Use Authorization for the Pfizer-BioNTech COVID-19 Vaccine in Children 5 to <12 Years**

**Sanofi Pasteur**

Press Releases - No new digest announcements identified

**Serum Institute of India**

NEWS & ANNOUNCEMENTS - No new digest announcements identified

**Sinopharm/WIBPBIBP**

News - No new digest announcements identified

**Sinovac**

Press Releases

**SINOVAC actively discusses COVID-19 Vaccine application and the industry development with other countries** [Egypt, Indonesia, Philippines]

10/26/21

**Vector State Research Centre of Virology and Biotechnology**

Home - No new digest announcements identified

**Zhifei Longcom, China**

[Anhui Zhifei Longcom Biologic Pharmacy Co., Ltd.]

[No website identified]

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**GSK**

Press releases for media - No new digest announcements identified

**Merck**

News releases

**The Medicines Patent Pool (MPP) and Merck Enter Into License Agreement for Molnupiravir, an Investigational Oral Antiviral COVID-19 Medicine, to Increase Broad Access in Low- and Middle-Income Countries**

October 29, 2021

**Merck and Ridgeback Announce Submission of Emergency Use Authorization Application to the U.S. FDA for Molnupiravir, an Investigational Oral Antiviral Medicine, for the Treatment of Mild-to-Moderate COVID-19 in At Risk Adults**

October 25, 2021

### **Novartis**

News - No new digest announcements identified

### **SK Biosciences**

Press releases - No new digest announcements identified

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### **UNICEF COVID-19 Vaccine Market Dashboard :: Agreements Table Accessed 30 Oct 2021**

***An overview of information collected from publicly announced bilateral and multilateral supply agreements [agreements view since last week's edition]***



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### **Duke – Launch and Scale Speedometer**

#### **The Race for Global COVID-19 Vaccine Equity**

A flurry of nearly 200 COVID-19 vaccine candidates are moving forward through the development and clinical trials processes at unprecedented speed; more than ten candidates are already in Phase 3 large-scale trials and several have received emergency or limited authorization. Our team has aggregated and analyzed publicly available data to track the flow of procurement and manufacturing and better understand global equity challenges. We developed a data framework of relevant variables and conducted desk research of publicly available information to identify COVID vaccine candidates and status, deals and ongoing negotiations for procurement and manufacturing, COVID burden by country, and allocation and distribution plans. We have also conducted interviews with public officials in key countries to better understand the context and challenges facing vaccine allocation and distribution

*[accessed 24 July 2021]*

[See our COVID Vaccine Purchases research](#)

[See our COVID Vaccine Manufacturing research](#)

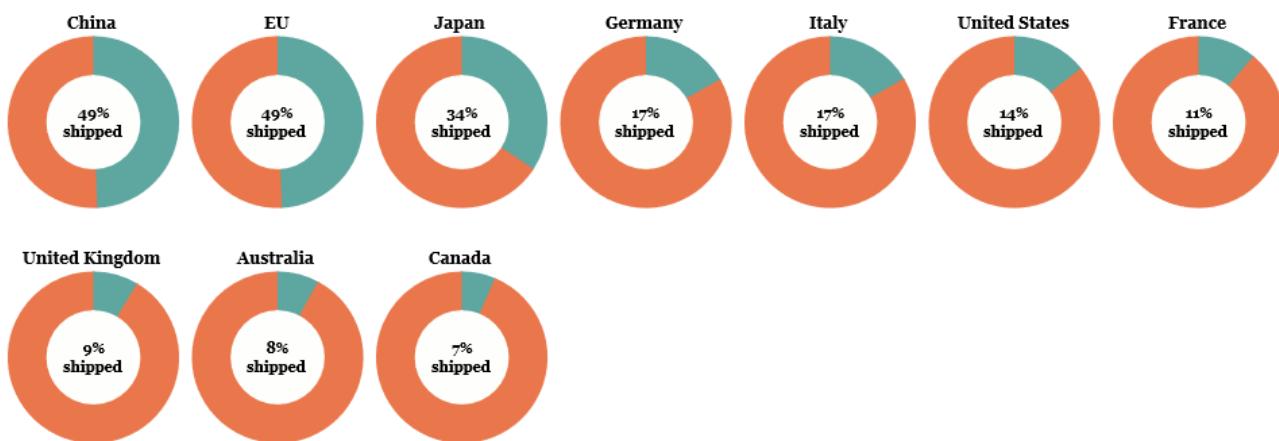
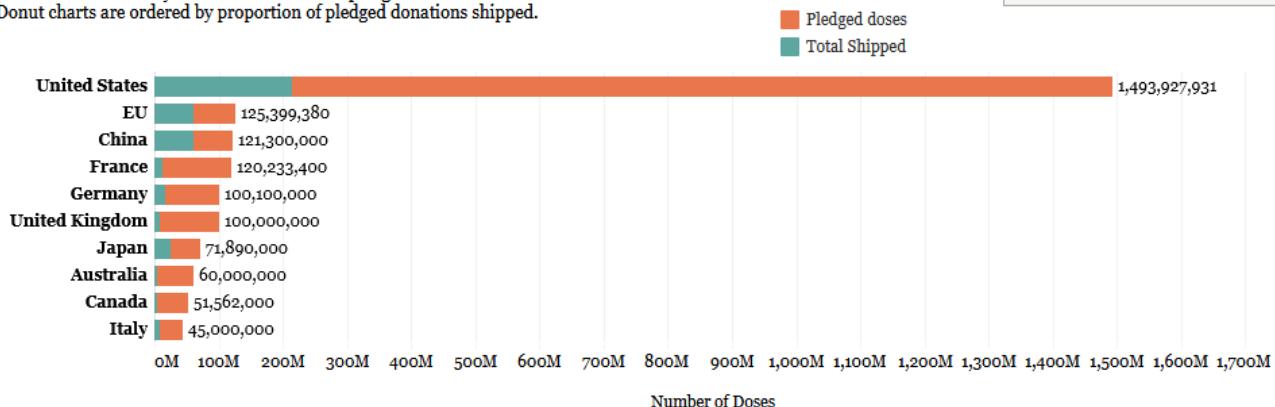
[See our COVID Vaccine Donations & Exports research](#)

## Overview of donations by top 10 donating countries

Bar chart is ordered by total number of doses pledged.

Donut charts are ordered by proportion of pledged donations shipped.

Country Category:  
Top 10 Donating Countries



Data updated on October 29th 2021.

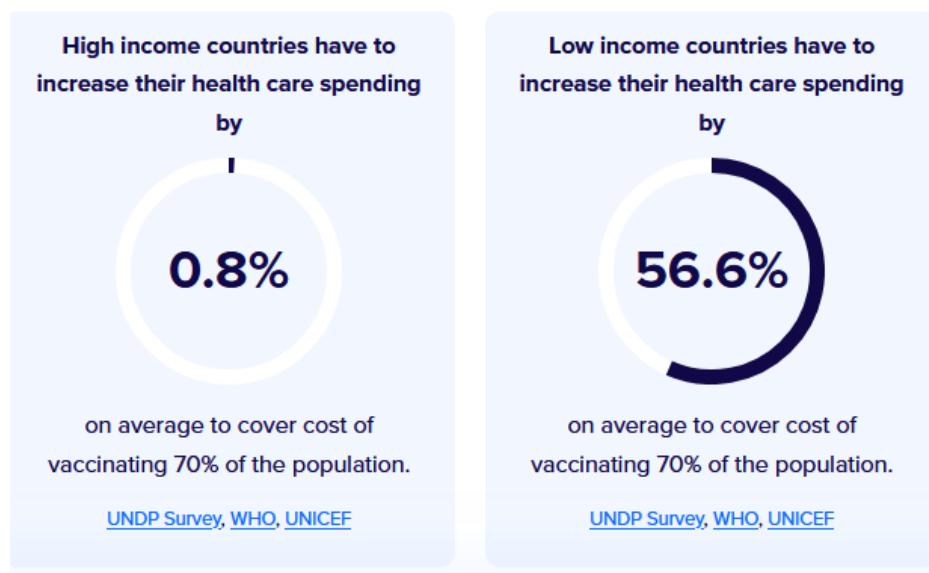
Duke | GLOBAL HEALTH  
Innovation Center



## Global Dashboard on COVID-19 Vaccine Equity

The Dashboard is a joint initiative of UNDP, WHO and the University of Oxford with cooperation across the UN system, anchored in the SDG 3 Global Action Plan for Healthy Lives and Well-being for All.

**Dashboard on Vaccine Equity** [accessed 30 Oct 2021]: <https://data.undp.org/vaccine-equity/>  
See also visualization on [Vaccine Access](#) and [Vaccine Affordability](#)



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## COVID Vaccines – OCHA:: HDX

### [COVID-19 Data Explorer: Global Humanitarian Operations](#)

#### *COVID-19 Vaccine Roll-out*

**30 Oct 2021** | COVAX (WHO, GAVI, CEPI), UNDESA, Press Reports | [DATA](#)

**Global COVID-19 Figures: 245M total confirmed cases; 5.0M total confirmed deaths**

**Global vaccines administered: 6.97B**

Number of Countries: 29 [29 week ago]

COVAX Allocations Round 4-6 (Number of Doses): 120M [120M week ago]

COVAX Delivered (Number of Doses): 120M [120M week ago]

Other Delivered (Number of Doses): 210M [200M week ago]

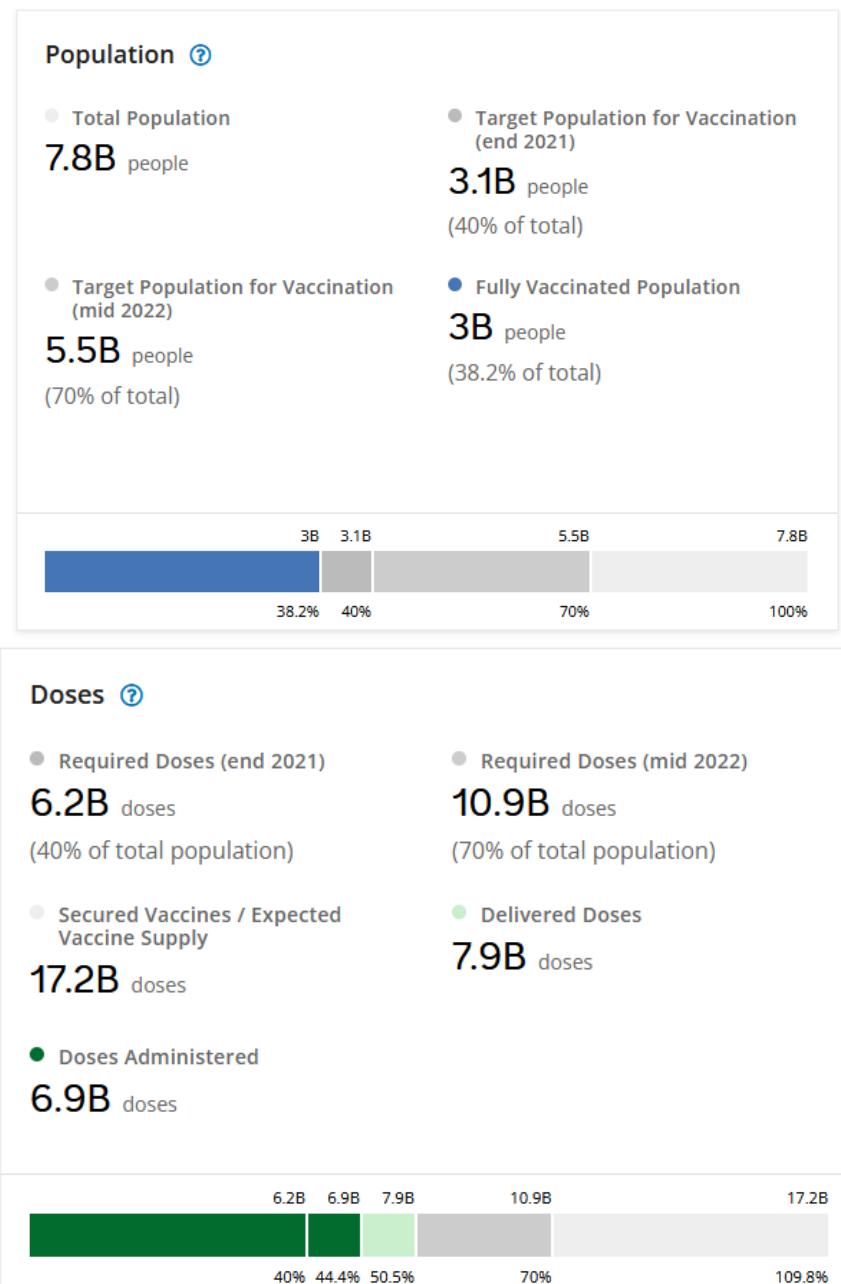
Total Delivered (Number of Doses): 330M [320M week ago]

Total Administered (Number of Doses): 2706M [256M week ago]

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## Multilateral Leaders Task Force on COVID-19 [IMF, World Bank Group, WHO, WTO]

A joint initiative from the International Monetary Fund, World Bank Group, World Health Organization, and World Trade Organization to accelerate access to COVID-19 vaccines, therapeutics and diagnostics by leveraging multilateral finance and trade solutions, particularly in low- and middle-income countries. Website accessed **30 Oct 2021**: <https://data.covid19taskforce.com/data> The global view below is complemented by country-specific dashboards [here](#).

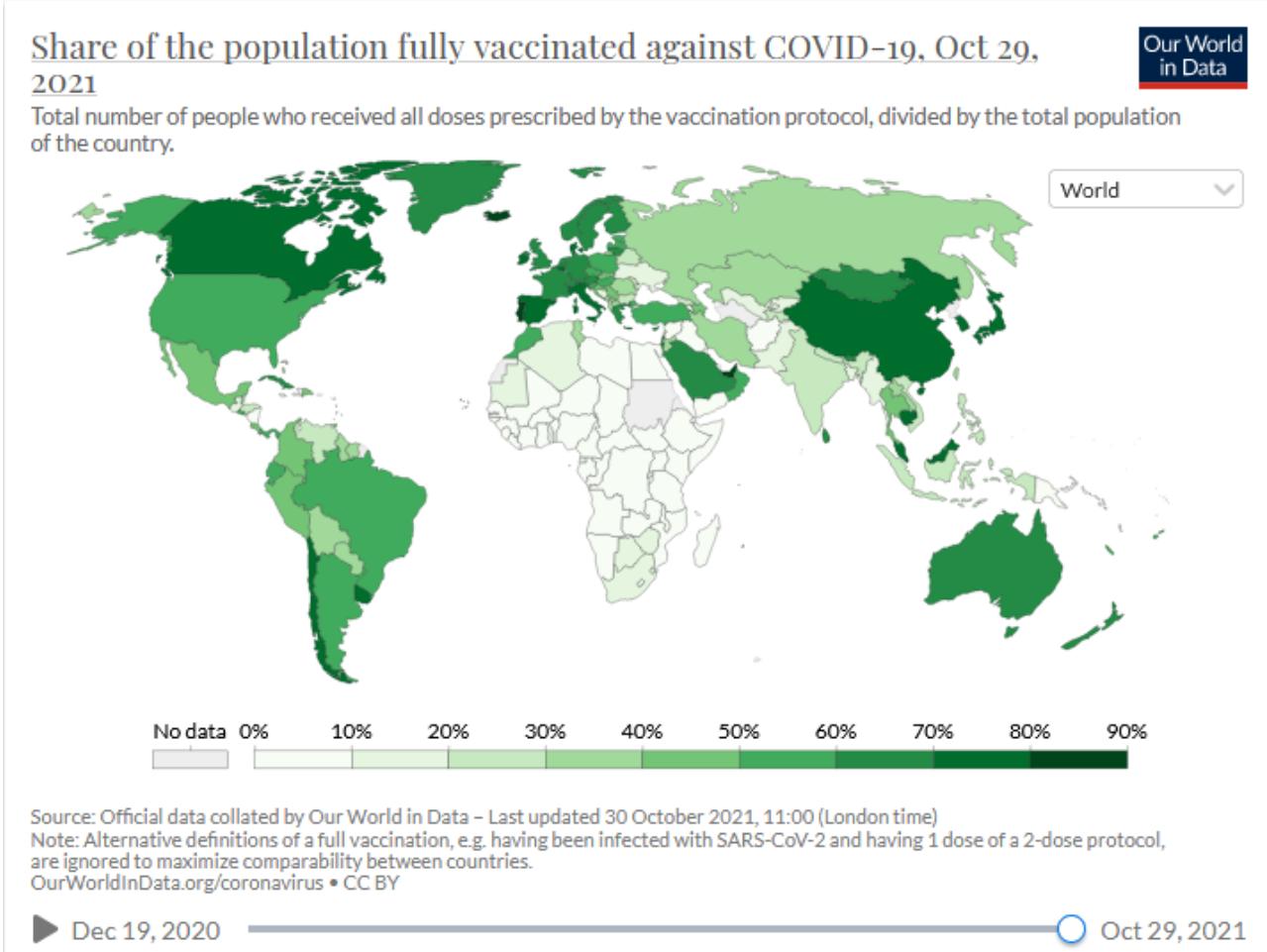




## ***Our World in Data***

### **Coronavirus (COVID-19) Vaccinations** [Accessed 30 Oct 2021]

- :: [49.3%](#) of the world population has received at least one dose of a COVID-19 vaccine.
- :: [7 billion doses](#) have been administered globally, and [24.08 million](#) are now administered each day.
- :: Only [3.5%](#) of people in low-income countries have received at least one dose.

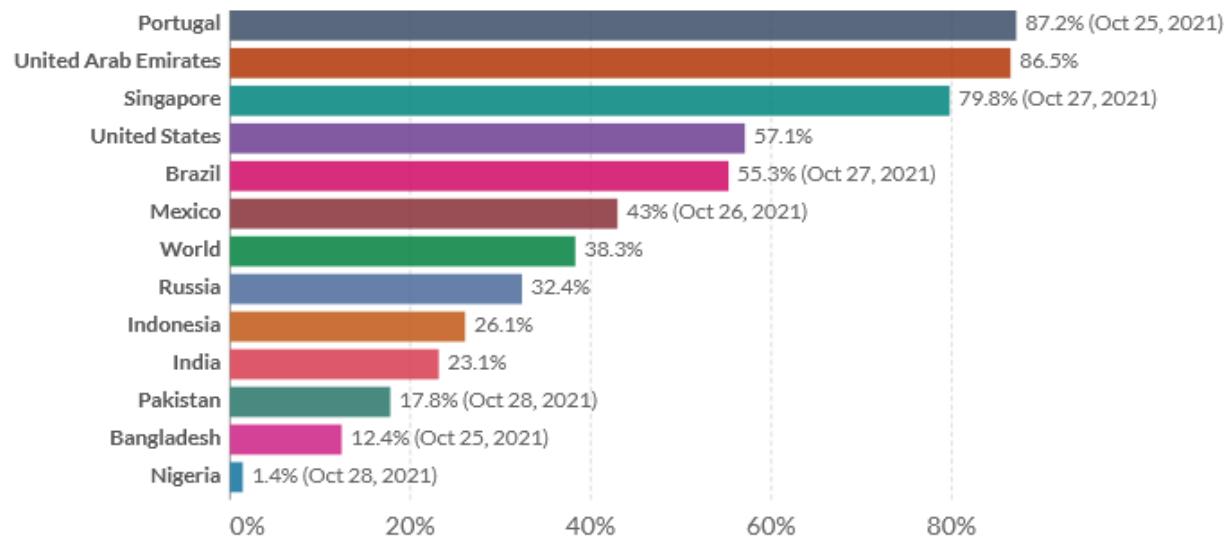


## Share of the population fully vaccinated against COVID-19, Oct 29, 2021

Our World  
in Data

Total number of people who received all doses prescribed by the vaccination protocol, divided by the total population of the country.

[+ Add country](#)



Source: Official data collated by Our World in Data – Last updated 30 October 2021, 11:00 (London time)

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.  
OurWorldInData.org/coronavirus • CC BY

► Dec 19, 2020

Oct 29, 2021



## U.S.: COVID-19 Vaccines – Announcements/Regulatory Actions/Deployment

### FDA

#### [October 29, 2021 - Coronavirus \(COVID-19\) Update: October 29, 2021](#)

On Friday, October 22, 2021, Acting FDA Commissioner Janet Woodcock, M.D. and the Director of FDA's Center for Biologics Evaluation and Research Peter Marks, M.D., Ph.D., discussed the FDA's actions to expand the use of a single booster dose for COVID-19 vaccines in eligible populations. Specifically, they covered the use of a single booster dose of the Moderna and the Janssen (Johnson and Johnson) COVID-19 Vaccines, clarified the use of a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine for eligible individuals and covered the use of each of the available COVID-19 vaccines as a heterologous (or "mix and match") booster dose in eligible individuals. Health care professionals, patient advocacy groups, trade associations, consumer organizations, national immunization organizations and state and local public health organizations were invited to the call. To listen to the call, visit [FDA's YouTube channel](#)External Link Disclaimer.

## **October 29, 2021 - FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age**

October 29, 2021

Today, the U.S. Food and Drug Administration authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. The authorization was based on the FDA's thorough and transparent evaluation of the data that included input from independent advisory committee experts who overwhelmingly voted in favor of making the vaccine available to children in this age group.

Key points for parents and caregivers:

**Effectiveness:** Immune responses of children 5 through 11 years of age were comparable to those of individuals 16 through 25 years of age. In addition, the vaccine was found to be 90.7% effective in preventing COVID-19 in children 5 through 11.

**Safety:** The vaccine's safety was studied in approximately 3,100 children age 5 through 11 who received the vaccine and no serious side effects have been detected in the ongoing study.

The Centers for Disease Control and Prevention's (CDC) [Advisory Committee on Immunization Practices](#) will meet next week to discuss further clinical recommendations.

"As a mother and a physician, I know that parents, caregivers, school staff, and children have been waiting for today's authorization. Vaccinating younger children against COVID-19 will bring us closer to returning to a sense of normalcy," said Acting FDA Commissioner Janet Woodcock, M.D. "Our comprehensive and rigorous evaluation of the data pertaining to the vaccine's safety and effectiveness should help assure parents and guardians that this vaccine meets our high standards."

The Pfizer-BioNTech COVID-19 Vaccine for children 5 through 11 years of age is administered as a two-dose primary series, 3 weeks apart, but is a lower dose (10 micrograms) than that used for individuals 12 years of age and older (30 micrograms)...

## **October 26, 2021 - Coronavirus (COVID-19) Update: October 26, 2021**

### **Vaccines and Related Biological Products Advisory Committee- FDA**

<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/vaccines-and-related-biological-products-advisory-committee>

*No meetings on [calendnar](#)*

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**CDC**

**CDC-ACIP**

[\*\*Next ACIP Meetings\*\*](#)

**:: November 2-3, 2021 - [Draft Agenda](#)**

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**White House [U.S.]**

*Briefing Room – Selected Major COVID Announcements*

[\*\*Fact Sheet: Biden Administration Announces Additional Actions to Increase COVID-19 Screening Testing in Schools and Keep Students Safe\*\*](#)

October 29, 2021 • Statements and Releases

## [\*\*Press Briefing by White House COVID-19 Response Team and Public Health Officials\*\*](#)

October 27, 2021 • Press Briefings

## [\*\*A Proclamation on Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic\*\*](#)

October 25, 2021 • Presidential Actions

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## **Europe: COVID-19 Vaccines – Announcements/Regulatory Actions/Deployment**

### **European Medicines Agency**

*News & Press Releases*

#### [\*\*Meeting highlights from the Pharmacovigilance Risk Assessment Committee \(PRAC\) 25-28 October 2021\*\*](#)

News 29/10/2021

- :: PRAC assessing further data on risk of myocarditis and pericarditis with mRNA vaccines
- :: COVID-19 vaccines: PRAC finds insufficient evidence on a possible link with multisystem inflammatory syndrome
- :: PRAC starts review of signal of capillary leak syndrome with Spikevax

#### [\*\*News: Spikevax: EMA recommendation on booster \(new\)\*\*](#)

CHMP, Last updated: 25/10/2021

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### **European Centre for Disease Prevention and Control**

<https://www.ecdc.europa.eu/en>

*Latest Updates*

*Publication*

#### [\*\*Contact tracing in the European Union: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases – fourth update\*\*](#)

Technical report - 28 Oct 2021

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### **European Centre for Disease Prevention and Control**

COVID-19 Vaccine Tracker

Cumulative uptake of at least one dose among adults (18+) in EU/EEA	Cumulative uptake of full vaccination among adults (18+) in EU/EEA
<b>80.3%</b>	<b>75.2%</b>

Accessed 30 Oct 2021

<https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab>

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## European Commission

<https://ec.europa.eu/commission/presscorner/home/en>

Press release 28 October 2021

### **Commissioner Lenarčič in Bangladesh: EU provides €12 million for displaced Rohingyas in Bangladesh and Myanmar**

Commissioner for Crisis Management Janez Lenarčič is concluding today a three-day visit to Bangladesh to see the situation on the ground in the context of the worsening humanitarian crisis affecting Rohingya people.

News 24 October 2021

### **Von der Leyen focuses on pandemic preparedness at the World Health Summit**

Speaking at the Word Health Summit on 24 October, President of the Commission Ursula von der Leyen said that pandemic preparedness was now at the centre of the EU's action, and that an unprecedented funding of EUR 50 billion euro over seven years was proposed for a health preparedness mission.

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## Africa: COVID-19 – Announcements/Regulatory Actions/Deployment



Accesses 30 Oct 2021. Full scale, interactive dashboard available at:

<https://africacdc.org/covid-19-vaccination/>

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## Russia: COVID-19 Vaccines – Announcements/Regulatory Actions/Deployment

**Russia: Sputnik V – "the first registered COVID-19 vaccine"**

<https://sputnikvaccine.com/newsroom/pressreleases/>

Press Releases

### **Individuals vaccinated with Sputnik V in Argentina are now eligible to enter EU**

Press release, 29.10.2021

Moscow, October 29, 2021 – The Russian Direct Investment Fund (RDIF, Russia's sovereign wealth fund) announces that European Council has recommended adding Argentina to the list of countries for which travel restrictions, imposed as part of the fight with the pandemic, should be lifted.

.... A number of other countries including Bahrain, Jordan, UAE and Chile (where Sputnik V has also been authorized) are also on the list of countries for which travel restrictions are recommended to be lifted by the European Council.

...The total amount of countries, which allow visitors vaccinated with Sputnik V, has reached 101 in total...

### **Israel joins 100 other countries in accepting the Sputnik V vaccine**

Press release, 28.10.2021

### **GL Rapha becomes the first international partner of RDIF to obtain Russian GMP Certificate for Sputnik family vaccine production in Korea**

Press release, 25.10.2021

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## **India: COVID-19 Vaccines – Announcements/Regulatory Actions/Deployment**

### **Ministry of Health and Family Welfare**

<https://www.mohfw.gov.in/>

COVID-19 INDIA as on :  
30 October 2021, 08:00  
IST (GMT+5:30)

(↑↓ Status change since  
yesterday)

**Active (0.47%)**

**161555 (221↑)**

**Discharged (98.19%)**

**33641175 (13543↑)**

**Deaths (1.34%)**

**457740 (549↑)**

COVID-19 Vaccination  
as on : 30 October  
2021, 08:00 IST  
(GMT+5:30)

**Total Vaccination : 1,05,43,13,977 (56,91,175↑)**

### **Government of India – Press Information Bureau**

Latest Press Releases

### **COVID-19 Vaccination Update - Day 288**

*India's cumulative vaccination coverage crosses 106 crore landmark milestone*

*More than 61 lakh Vaccine doses administered today till 7 pm*

Posted On: 30 OCT 2021 8:53PM by PIB Delhi

### **Indian Council for Medical Research (ICMR)**

<https://www.icmr.gov.in/media.html>

Press Releases

*No new digest content identified.*

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## China: COVID-19 Vaccines – Announcements/Regulatory Actions/Deployment

### Vaccination of young children begins around country

2021-10-26

Many provinces in China have started vaccinating children aged 3 to 11, as the number of COVID-19 cases has grown due to small recent outbreaks related to tour groups in Gansu province and the Inner Mongolia autonomous region.

Cities including Changde, Hunan province, and Jinhua, Zhejiang province, have also started vaccinating kids in that age group. Places in Fujian and Anhui provinces plan to start vaccination programs for the young.

According to announcements in different places, the whole vaccination process for kids should be supervised and approved by their parents after examination by a doctor.

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## Emergencies

### **POLIO**

*Public Health Emergency of International Concern (PHEIC)*

<https://polioeradication.org/polio-today/polio-now/this-week/>

### Polio this week as of 26 October 2021

:: On 25 October, the GPEI marked World Polio Day with this year's theme being "Delivering on a promise". Several online events were held to mark the day including a discussion on 'Role of Women in Polio Eradication' hosted by UNICEF which included a number of speakers. The recording of the event is [available here](#).

:: It has been 30 years since the countries of the Americas defeated polio back in 1991. [Read more](#) on what 30 years without the disease means for the Region and the world.

:: While tremendous progress has been made in the fight against polio, wild poliovirus remains endemic to two countries and the threat of cVDPV outbreaks continues to loom. [Watch this animation](#) to learn how the GPEI intends to reinvigorate polio prevention and outbreak response with the bold new Strategy for 2022-2026.

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

- :: Cameroon: one cVDPV2 case
- :: Guinea-Bissau: three cVDPV2 cases
- :: Madagascar: one cVDPV1 case and eight positive environmental samples
- :: Mauritania: one cVDPV2 positive environmental sample
- :: Nigeria: 42 cVDPV2 cases and two positive environmental samples
- :: Senegal: one cVDPV2 case and one positive environmental sample

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## **WHO/OCHA Emergencies**

## **Health emergencies list - WHO**

"The health emergencies list details the disease outbreaks, disasters and humanitarian crises where WHO plays an essential role in supporting countries to respond to and recover from emergencies with public health consequences."

[\*\*Afghanistan crisis\*\*](#) [Last apparent update: 5 Aug 2021]

[\*\*Crisis in Northern Ethiopia\*\*](#) [Last apparent update: 18 Oct 2021]

[\*\*Ebola outbreak, Democratic Republic of the Congo, 2021\*\*](#) [Last apparent update: 17 Aug 2021]

[\*\*Ebola outbreak outbreak, N'Zerekore, Guinea, 2021\*\*](#) [Last apparent update: 17 Aug 2021]

[\*\*Coronavirus disease \(COVID-19\) pandemic\*\*](#) [See COVID above]

[\*\*Ebola outbreak, Equateur Province, Democratic Republic of the Congo, 2020\*\*](#)

[Last apparent update: 17 Aug 2021]

[\*\*Ebola outbreak, North Kivu, Ituri, Democratic Republic of the Congo, 2018 – 2020\*\*](#)

[Last apparent update: 17 Aug 2021]

[\*\*Ebola outbreak, Democratic Republic of the Congo, 2018\*\*](#) [Last apparent update: 24 July 2018]

[\*\*Yemen crisis\*\*](#) [Last apparent update: 12 February 2021]

[\*\*Syria crisis\*\*](#) [Last apparent update: 18 June 2021]

[\*\*Somalia crisis\*\*](#) [Last apparent update: 24 March 2018]

[\*\*Nigeria crisis\*\*](#) [Last apparent update: 1 Oct 2021]

[\*\*Ebola outbreak, Democratic Republic of the Congo, 2017\*\*](#) [Last apparent update: 17 Aug 2021]

[\*\*Zika virus disease outbreak, 2015-2016\*\*](#) [Last apparent update: 24 Jan 2020]

[\*\*Ebola outbreak: West Africa, 2014-2016\*\*](#) [Last apparent update: 17 Aug 2021]

[\*\*Iraq crisis\*\*](#) [Last apparent update: 9 Jan 2008]

[\*\*South Sudan crisis\*\*](#) [Last apparent update: 23 Sep 2020]

[\*\*Avian influenza A \(H7N9\) virus outbreak\*\*](#) [Last apparent update: 13 September 2021]

[\*\*Middle East respiratory syndrome \(MERS-CoV\) outbreak\*\*](#) [Last apparent update: 8 July 2019]

[\*\*Influenza A \(H1N1\) virus, 2009-2010 pandemic\*\*](#) [Last apparent update: 10 Aug 2010]

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## **UN OCHA – Current Emergencies**

*Current Corporate Emergencies*

### ***Afghanistan***

#### **Afghanistan: Weekly Humanitarian Update (18 – 24 October 2021)**

##### ***Northern Ethiopia***

*[No new reports identified]*

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##### ***WHO & Regional Offices*** [to 30 Oct 2021]

<https://www.who.int/>

29 October 2021

*Statement*

#### **An appeal to G20 leaders to make vaccines accessible to people on the move**

*[See COVID above for detail]*

29 October 2021

*News release*

#### **World Health Organization Secretariat announcement regarding the election of the next WHO Director-General**

The appointment of the next Director-General of the World Health Organization will take place at the Seventy-fifth World Health Assembly in May 2022 (WHA75). The Director-General is WHO's chief technical and administrative officer.

The election process began when Member States, through a circular letter sent by the WHO Secretariat in April 2021, were invited to submit proposals for candidates for the Director-General position. The deadline for submission of proposals was 23 September 2021. The date on which WHO is scheduled to publish information on candidates, including the curricula vitae and other particulars of their qualifications and experience as received from Member States, is to follow the closure of the last WHO Regional Committee meeting of the year.

As today marks the closure of the last Regional Committee meeting, **WHO can announce that a single candidate was proposed by Member States by the 23 September 2021 deadline: Dr Tedros Adhanom Ghebreyesus, who is the incumbent Director-General...**

28 October 2021

*News release*

#### **New ACT-Accelerator strategy calls for US\$ 23.4 billion international investment to solve inequities in global access to COVID-19 vaccines, tests & treatments**

*[See COVID above for detail]*

27 October 2021

*Statement*

#### **COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS): updated statement regarding myocarditis and pericarditis reported with COVID-19 mRNA vaccines**

27 October 2021

*Statement*

**WHO-Unitaid statement on the MPP licensing agreement for molnupiravir**

*[See COVID above for detail]*

27 October 2021

*Departmental news*

**Health – A Political Choice: Solidarity, Science and Solutions**

26 October 2021

*Departmental news*

**Journalism in a pandemic: Covering COVID-19 vaccines -- What journalists need to know**

26 October 2021

*Departmental news*

**Journalism in a pandemic: Covering COVID-19 now and in the future -- A self-directed course for journalists**

26 October 2021

*News release*

**Top economists call for radical redirection of the economy to put Health for All at the centre in the run-up to G20**

26 October 2021

*Statement*

**Statement on the ninth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic**

*[See COVID above for detail]*

26 October 2021

*Departmental news*

**The use of the WHO costing and budgeting tool for National Action Plans on Antimicrobial Resistance (AMR) in Sierra Leone: lessons learned**

26 October 2021

*Statement*

**WHO Statement on Solidarity Trial Vaccines**

*[See COVID above for detail]*

25 October 2021

*Departmental news*

**Adopt One Health, Stop Rabies: India launches new national action plan for dog mediated rabies elimination by 2030**

24 October 2021

*Departmental news*

**WHO delivers essential health supplies to Sudan**

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**[Weekly Epidemiological Record, Vol. 96, No. 43, pp. 521–536 29 October 2021](#)**

:: Antigenic and genetic characteristics of zoonotic influenza A viruses and development of candidate vaccine viruses for pandemic preparedness

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**WHO Regional Offices**

*Selected Press Releases, Announcements*

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

:: [WHO, UNFPA, UNICEF host training on prevention of sexual exploitation and abuse in the Democratic Republic of the Congo](#) 29 October 2021

:: [Pursuing the endgame: novel polio vaccine rollout in Africa](#) 26 October 2021

:: [Mobile cash in polio response: three things to know](#) 28 October 2021

**[WHO Region of the Americas PAHO](#)**

*No new digest content identified*

**[WHO South-East Asia Region SEARO](#)**

:: [Health Ministers commit to renew, accelerate efforts to end TB in South-East Asia](#) 26 October 2021

**[WHO European Region EURO](#)**

:: [WHO/Europe: Keep schools open this winter – but with precautions in place](#) 29-10-2021

:: [Improving health in prisons: new WHO Prison Health Framework can improve data quality](#) 28-10-2021

:: [WHO/Europe urges countries to collect gender data through their health information systems](#) 28-10-2021

:: ["When I got more information, I was sure I needed the vaccine" – immunizing pregnant women against influenza in Kaunas, Lithuania](#) 25-10-2021

:: [Q&A on flu in the context of COVID-19](#) 25-10-2021

**[WHO Eastern Mediterranean Region EMRO](#)**

:: [ECHO supports the delivery of WHO medical supplies to Kabul](#) 28 October 2021

:: [Germany donates 163 000 COVID-19 vaccine doses to Somalia through COVAX Facility](#) 26 October 2021

:: [Government of Japan supports Islamic Republic of Iran with US\\$ 6.3 million grant to strengthen COVID-19 response](#) 26 October 2021

:: [Delivering on the promise to protect every Somali child from polio](#) 24 October 2021

**[WHO Western Pacific Region](#)**

:: [29 October 2021 News release Health leaders endorse action plan to end TB in the Region](#)

:: [28 October 2021 News release Regional health leaders agree actions to promote health through schools, harness tradition...](#)

:: [25 October 2021 Regional Director's opening remarks at the RCM72 virtual press conference](#)

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**New WHO Publications [Selected]**

<https://www.who.int/publications/i>

*Selected Titles*

28 October 2021

**Consolidated guidelines on HIV testing services**

26 October 2021

**Maintaining Essential Health Services during COVID-19**

25 October 2021

**Interim recommendations for an extended primary series with an additional vaccine dose for COVID-19 vaccination in immunocompromised persons**

This interim guidance has been developed on the basis of the advice issued by the Strategic Advisory Group of Experts (SAGE) on Immunization at its meeting on 5 October 2021.

25 October 2021

**Guidance on selecting, commissioning and using freeze-preventative vaccine carriers**

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**CDC/ACIP [U.S.]** [to 30 Oct 2021]

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

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

*Latest News Releases, Announcements [Selected]*

**New CDC Study: Vaccination Offers Higher Protection than Previous COVID-19 Infection**

Friday, October 29, 2021

Today, CDC published new science reinforcing that vaccination is the best protection against COVID-19. In a new *MMWR* examining more than 7,000 people across 9 states who were hospitalized with COVID-like illness, CDC found that those who were unvaccinated and had a recent infection were 5 times more likely to have COVID-19 than those who were recently fully vaccinated and did not have a prior infection...

**CDC To Invest \$26 Million in Advanced Outbreak Forecasting and Analytics**

Tuesday, October 26, 2021

...The agency will provide \$21 million to support research and development of advanced infectious disease models and analytical tools. The awards will support three years of work at five leading academic institutions: University at Albany, State University of New York; Johns Hopkins University; Stanford University; the University of Utah and Harvard T.H. Chan School of Public Health.

The CDC also announced \$5 million to support collaborations with the National Science Foundation and the Department of Energy to further advance federal infectious disease modeling capabilities. These funds will support rapid-response research projects and provide access to high performance computing resources...

**CDC's Framework for Conditional Sailing Order Temporarily Extended Through January 15, 2022** Monday, October 25, 2021

**CDC Issues Orders Operationalizing the President's Safer, More Stringent International Travel System** Monday, October 25, 2021

**Next ACIP Meetings**

*No registration is required to watch the webcast.*

:: November 2-3, 2021 - [Draft Agenda](#)

**MMWR News Synopsis Friday, October 29, 2021**

*Selected Content*

:: [Routine Vaccination Coverage — Worldwide, 2020](#)

:: [Severity of Disease Among Adults Hospitalized with Laboratory-Confirmed COVID-19 Before and During the Period of SARS-CoV-2 B.1.617.2 \(Delta\) Predominance — COVID-NET, 14 States, January–August 2021](#)

:: [COVID-19 Vaccination and Non-COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, December 14, 2020–July 31, 2021](#)

**Coronavirus Disease 2019 (COVID-19)- CDC**

*Approximately 25 announcements/reports/data summaries.*

10/29/21

**New CDC Study: Vaccination Offers Higher Protection than Previous COVID-19 Infection**

10/29/21

**Overall US COVID-19 Vaccine Distribution and Administration Update as of Fri, 29 Oct 2021 06:00:00 EST**

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**Africa CDC** [to 30 Oct 2021]

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

*News*

**The First International Conference on Public Health in Africa (CPHIA), organized by the Africa Centres for Disease Control and Prevention (Africa CDC)**

27 October 2021

The first International Conference on Public Health in Africa (CPHIA) will focus on the deployment of the COVID-19 vaccine, the strengthening of health systems and the lessons learned from the fight against COVID-19...

The virtual CPHIA, which will take place from December 14-16, 2021, will provide a unique platform for African researchers, policy makers and stakeholders from across the globe to share perspectives and research findings in public health.

Registration for the conference is now open at: [www.cphia2021.com](http://www.cphia2021.com)

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**China CDC** <http://www.chinacdc.cn/en/>

**National Health Commission of the People's Republic of China** [to 30 Oct 2021]

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

*News*

**[Oct 30: Daily briefing on novel coronavirus cases in China](#)**

On Oct 29, 31 provincial-level regions and the Xinjiang Production and Construction Corps on the Chinese mainland reported 78 new cases of confirmed infections.

**National Medical Products Administration – PRC** [to 30 Oct 2021]

<http://english.nmpa.gov.cn/news.html>

*News*

**[HPV shots expected to benefit world](#)**

2021-10-29

The World Health Organization's recent approval of China's first self-developed vaccine against the human papillomavirus is expected to expand affordable access to the cancer-preventing doses in developing countries, officials and experts have said.

**[Over 2.254b COVID-19 vaccine doses administered on Chinese mainland](#)**

2021-10-29

More than 2.254 billion doses of COVID-19 vaccines had been administered on the Chinese mainland as of Oct 27, data from the National Health Commission showed on Oct 28.

**[Q&A: COVID-19 vaccine shots for children](#)**

2021-10-2

**[Vaccination of young children begins around country](#)**

2021-10-26

Many provinces in China have started vaccinating children aged 3 to 11, as the number of COVID-19 cases has grown due to small recent outbreaks related to tour groups in Gansu province and the Inner Mongolia autonomous region.

**[CCDC Weekly - Weekly Reports: Current Volume \(3\)](#)**

2021-10-22 / No. 43

[View PDF of this issue](#)

2021-10-29 / No. 44 *WORLD FLU DAY ISSUE*

:: [Editorial: Let's Get Vaccinated for Both Flu and COVID-19: On the World Flu Day 2021](#)

:: [Vital Surveillances: Epidemiological and Virological Surveillance of Seasonal Influenza Viruses — China, 2020–2021](#)

:: [Outbreak Reports: Genetic Characterization of Two Human Cases Infected with the Avian Influenza A \(H5N6\) Viruses — Guangxi Zhuang Autonomous Region, China, 2021](#)

:: [Review: Epidemiological and Genetic Characteristics of the H3 Subtype Avian Influenza Viruses in China](#)

:: [Review: Leveraging Global Influenza Surveillance and Response System for the COVID-19 Pandemic Response and Beyond](#)

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## **Organization Announcements**

### *Editor's Note:*

Careful readers will note that the number and range of organizations now monitored in our *Announcements* section below has grown as the impacts of the pandemic have spread across global economies, supply chains and programmatic activity of multilateral agencies and INGOs.

### **Paul G. Allen Frontiers Group** [to 30 Oct 2021]

<https://alleninstitute.org/news-press/>

*News*

*No new digest content identified.*

### **BARDA – U.S. Department of HHS** [to 30 Oct 2021]

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

*News*

*No new digest content identified.*

### **BMGF - Gates Foundation** [to 30 Oct 2021]

<https://www.gatesfoundation.org/ideas/media-center>

*Press Releases and Statements*

### **Bill & Melinda Gates Medical Research Institute** [to 30 Oct 2021]

<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 30 Oct 2021]

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

*News*

*No new digest content identified.*

### **Center for Vaccine Ethics and Policy – GE2P2 Global Foundation** [to 30 Oct 2021]

<https://centerforvaccineethicsandpolicy.net/>

*News/Analysis/Statements*

:: Past weekly editions and posting of all segments of ***Vaccines and Global Health: The Week in Review*** are [available here](#).

:: [NEW] ***Informed Consent: A Monthly Review – October 2021*** is now posted [here](#)

**CEPI – Coalition for Epidemic Preparedness Innovations** [to 30 Oct 2021]

<http://cepi.net/>

*Latest News*

**Statement from Dr Richard Hatchett, CEO of CEPI, following the G20 Health & Finance Ministers meeting**

*The G20 must redouble their efforts to end the COVID-19 pandemic and commit funding and leadership to prepare the world for future pandemic threats.*

End Pandemics

29 Oct 2021

**Unleashing the power of science to work for everyone everywhere**

*With the right investments, leaders of the G20 nations can help CEPI and the world prepare for almost any pathogen – old or new, known or unknown – that we might encounter.*

COVID-19

28 Oct 2021

**Vaccine production efforts across key regions mapped in first-of-its-kind study to prepare for future pandemics**

*CEPI's landscaping exercise revealed vaccine manufacturing capacity needs to be expanded and diversified in Africa, Latin America-Caribbean, the Middle East, as well as further improvements in South East Asia-Western Pacific.*

Blog

27 Oct 2021

**DARPA – Defense Advanced Research Projects Agency** [to 30 Oct 2021]

<https://www.darpa.mil/news>

*News*

*No new digest content identified.*

**Duke Global Health Innovation Center** [to 30 Oct 2021]

<https://dukeghic.org/>

*Our Blog*

*No new digest content identified.*

**EDCTP** [to 30 Oct 2021]

<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*

*News*

*No new digest content identified.*

**Emory Vaccine Center** [to 30 Oct 2021]

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

*Vaccine Center News*

*No new digest content identified.*

**European Vaccine Initiative** [to 30 Oct 2021]

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

*Latest News*

*No new digest content identified.*

**Fondation Mérieux** [to 30 Oct 2021]

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

*News, Events*

*No new digest content identified.*

**Gavi** [to 30 Oct 2021]

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

*News releases*

28 October 2021

**Combining vaccines with nutrition: a game-changer against COVID-19 and future pandemics say Gavi and SUN**

- Malnutrition and infectious diseases together cause millions of preventable child deaths every year and contribute to a vicious cycle of poor health, stunted growth, poverty and exclusion
- Rolling out immunisation and nutrition programmes together significantly increases the number of people reached and reduces delivery costs
- Gavi, the Vaccine Alliance, and the Scaling Up Nutrition (SUN) Movement have now partnered to launch this innovative two-pronged healthcare approach
- This approach is a game-changer in supporting communities to be resilient to future pandemics, especially for vulnerable people including women and children

**GHIT Fund** [to 30 Oct 2021]

<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 30 Oct 2021]

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

*News & Stories*

*No new digest content identified.*

**Global Research Collaboration for Infectious Disease Preparedness [GloPID-R]** [to 30 Oct 2021]

[\[to 30 Oct 2021\]](#)

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

*News*

*No new digest content identified.*

**Hilleman Laboratories** [to 30 Oct 2021]

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

*Website reports "under maintenance" at inquiry*

**Human Vaccines Project** [to 30 Oct 2021]

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

*News*

*HVP COVID Report*

Oct 28, 2021

**Allison Greaney: Vaccines Are Holding up Against Delta, but What Will Come Next?**

**IAVI** [to 30 Oct 2021]

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

*Latest News*

*PRESS RELEASES*

**IAVI and the Biomedical Advanced Research and Development Authority partner to advance filovirus vaccine candidates**

NEW YORK – OCTOBER 27, 2021 – IAVI announced today the award of up to US\$126 million from the Biomedical Advanced Research and Development Authority (BARDA) at the U.S. Department of Health and Human Services to develop two recombinant vesicular stomatitis virus (rVSV)-vectored filovirus vaccine candidates. This award supports preclinical activities and includes options for clinical development up to and inclusive of a Phase II clinical trial of IAVI's rVSV Sudan ebolavirus vaccine candidate (rVSVΔG-SUDV-GP). Optional work that would continue the development of IAVI's Marburg virus vaccine candidate (rVSVΔG-MARV-GP) that is currently supported by the Defense Threat Reduction Agency of the U.S. Department of Defense could be funded at a later date.

No licensed vaccines against Sudan ebolavirus (SUDV) or Marburg virus (MARV) are currently available...

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

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

*Selected Statements, Press Releases, Research*

*No new digest content identified.*

**ICRC** [to 30 Oct 2021]

<https://www.icrc.org/en/whats-new>

*Selected News Releases, Statements, Reports*

**Actions must speak louder than words: 5 asks to achieve equity in vaccine delivery**

A people's vaccine should protect the affluent and the poor, the elderly as well as the young, forcibly displaced persons, migrants regardless of their immigration status, and other often neglected populations, both in urban areas and in rural commun

28-10-2021 | Statement

*[See COVID above for detail]*

**When conflict and climate change collide – ICRC warning ahead of COP26**

Bamako/Geneva (ICRC) – Climate change is everywhere, but in Mali, a country battered by nearly a decade of conflict, it is pushing families to the brink. Hawa Dicko told me in a dusty, sprawling displacement camp how she lost her home twice – first be

28-10-2021 | News release

**ICRC President Peter Maurer: Education for front-line communities must be a priority**

On the occasion of the 4th International Conference on the Safe Schools Declaration, which took place from 25 to 27 October 2021 in Abuja, Nigeria, ICRC President Peter Maurer delivered the following pre-recorded message in the closing segment.

27-10-2021 | Statement

**IFFIm**

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

*Press Releases/Announcements*

*No new digest content identified.*

**IFRC** [to 30 Oct 2021]

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

*Selected Press Releases, Announcements*

28/10/2021

**Red Cross Red Crescent report reveals extent of the impact on people forced to flee their homes by floods, fires and drought around the world**

25/10/2021

**Urgent action needed as COVID-19 overwhelms PNG h\health system**

**Institut Pasteur** [to 30 Oct 2021]

<https://www.pasteur.fr/en/press-area>

*Press Documents*

*No new digest content identified.*

**IOM / International Organization for Migration** [to 30 Oct 2021]

<http://www.iom.int/press-room/press-releases>

*News - Selected*

*News 29 Oct 2021*

**Niger's Leadership on Migration Acknowledged During High-Level IOM Visit**

News 29 Oct 2021

## **IOM Launches Institutional Strategy on Migration, Environment and Climate Change for Next Decade**

News 29 Oct 2021

## **Open Letter to G20 Heads of State and Government - An Appeal to Make Vaccines Accessible to People on the Move**

*[See COVID above for detail]*

News 29 Oct 2021

## **IOM Marks 60 Years of International Migration Journal**

**ISC / International Science Council** [to 30 Oct 2021]

<https://council.science/current/>

*ISC is a non-governmental organization with a unique global membership that brings together 40 international scientific Unions and Associations and over 140 national and regional scientific organizations including Academies and Research Councils.*

*Blog*

## **International scientific advisors call for science and innovation to be at the centre of action on climate change**

29.10.2021

In a statement released by the UK Government Office for Science, senior scientific advisors from around the world, including members of the ISC's Governing Board, and network of affiliated bodies and committees, as well as representatives of the ISC Membership, call for ambitious, science-based strategies to 'keep the 1.5°C temperature goal alive'.

*News*

## **Members of International Science Council commit to work for change in scientific publishing, and endorse eight principles for reform**

25.10.2021

As the 2021 Open Access week begins, the scientific community as represented by the International Science Council's members has approved a resolution committing to work to reform scholarly publishing, and to endorse eight fundamental principles for scientific publishing that contributes to the advancement of science as a global public good.

**IVAC** [to 30 Oct 2021]

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

*Updates; Events*

*No new digest content identified.*

**IVI** [to 30 Oct 2021]

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

*IVI News & Announcements*

## **IVI and JEDI partner for innovations in health and science**

October 25, 2021 – SEOUL, Republic of Korea, PARIS, France, BRUSSELS, Belgium, BERLIN, Germany – The International Vaccine Institute (IVI) and the Joint European Disruptive Initiative (JEDI) signed a Memorandum of Understanding to establish a collaborative relationship. Both organizations are dedicated to advancing innovations in health and science. IVI and JEDI will explore many cooperation routes, in particular around innovative approaches to zoonoses, infectious diseases and in addressing the global threat of antimicrobial resistance (AMR)...

**Johns Hopkins Center for Health Security** [to 30 Oct 2021]

<https://www.centerforhealthsecurity.org/news/center-news/>

*Center News*

**New Report: Navigating the World that COVID-19 Made: A Strategy for Revamping the Pandemic Research and Development Preparedness and Response Ecosystem**

October 29, 2021

*[See COVID above for detail]*

**MSF/ Médecins Sans Frontières** [to 30 Oct 2021]

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

*Latest [Selected Announcements]*

*Haiti*

**Haiti fuel crisis severely limits access to vital medical care**

Press Release 27 Oct 2021

*Mediterranean migration*

**Nearly 400 people rescued from the Mediterranean need a place of safety**

Project Update 26 Oct 2021

**National Academy of Medicine** - USA [to 30 Oct 2021]

<https://nam.edu/programs/>

*Selected News/Programs/Events*

*No new digest content identified.*

**National Academy of Sciences** - USA [to 30 Oct 2021]

<http://www.nasonline.org/news-and-multimedia/>

*News*

*No new digest content identified.*

**National Vaccine Program Office** - U.S. HHS [to 30 Oct 2021]

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

*Upcoming Meetings/Latest Updates*

*No new digest content identified.*

**NIH** [to 30 Oct 2021]

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

*News Releases*

### **[NIH researchers identify how two people controlled HIV after stopping treatment](#)**

October 29, 2021 — Different mechanisms suppressed the virus in each person.

### **[NIH, FDA and 15 private organizations join forces to increase effective gene therapies for rare diseases](#)**

October 27, 2021 — *While there are approximately 7,000 rare diseases, only two heritable diseases currently have FDA-approved gene therapies.*

The National Institutes of Health, U.S. Food and Drug Administration, 10 pharmaceutical companies and five non-profit organizations have partnered to accelerate development of gene therapies for the 30 million Americans who suffer from a rare disease. While there are approximately 7,000 rare diseases, only two heritable diseases currently have FDA-approved gene therapies. The newly launched [Bespoke Gene Therapy Consortium \(BGTC\)](#), part of the [NIH Accelerating Medicines Partnership \(AMP\) program](#) and project-managed by the Foundation for the National Institutes of Health (FNIH), aims to optimize and streamline the gene therapy development process to help fill the unmet medical needs of people with rare diseases.

"Most rare diseases are caused by a defect in a single gene that could potentially be targeted with a customized or 'bespoke' therapy that corrects or replaces the defective gene," said NIH Director Francis S. Collins, M.D., Ph.D. "There are now significant opportunities to improve the complex development process for gene therapies that would accelerate scientific progress and, most importantly, provide benefit to patients by increasing the number of effective gene therapies."...

### **[NIH awards nearly \\$75M to catalyze data science research in Africa](#)**

October 26, 2021 — New program will establish data science research and training network across the continent.

The National Institutes of Health is investing about \$74.5 million over five years to advance data science, catalyze innovation and spur health discoveries across Africa. Under its new [Harnessing Data Science for Health Discovery and Innovation in Africa \(DS-I Africa\)](#) program, the NIH is issuing 19 awards to support research and training activities. DS-I Africa is an NIH Common Fund program that is supported by the Office of the Director and 11 NIH Institutes, Centers and Offices.

Awards will establish a consortium consisting of a data science platform and coordinating center, seven research hubs, seven data science research training programs and four projects focused on studying the ethical, legal and social implications of data science research. Awardees have a robust network of partnerships across the African continent and in the United States, including numerous national health ministries, nongovernmental organizations, corporations, and other academic institutions...

**PATH** [to 30 Oct 2021]

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

*Press Releases*

*No new digest content identified.*

**Sabin Vaccine Institute** [to 30 Oct 2021]

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

*Statements and Press Releases*

*No new digest content identified.*

**UNAIDS** [to 30 Oct 2021]

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

*Selected Press Releases/Reports/Statements*

31 October 2021

**Western and central Africa HIV summit**

29 October 2021

**Brandy Rodriguez leaves legacy of courageous advocacy and community support**

29 October 2021

**Zero Discrimination Platform relaunched in Central African Republic**

29 October 2021

**Getting unconditional cash to marginalized households during COVID-19**

28 October 2021

**Bangkok Metropolitan Administration receives award for innovations on PrEP and key population-led services**

26 October 2021

**ASEAN cities protecting the gains of the HIV response during the COVID-19 pandemic**

25 October 2021

**Financial shortfalls hold back the HIV response in western and central Africa**

**UNHCR** Office of the United Nations High Commissioner for Refugees [to 30 Oct 2021]

<http://www.unhcr.org/en-us/media-centre.html>

*Selected News Releases, Announcements*

**Open letter to G20 Heads of State and Government - UNHCR, IOM & WHO**

**An appeal to G20 leaders to make vaccines accessible to people on the move**

29 Oct 2021

*[See COVID above for detail]*

**Actions must speak louder than words: five asks to achieve equity in vaccine delivery**

**Joint UN/ Red Cross/Red Crescent Statement**

28 Oct 2021

*[See COVID above for detail]*

**New data visualization on COVID-19 eviction and homelessness risks for Venezuelan refugees and migrants**

25 Oct 2021

**UNICEF** [to 30 Oct 2021]

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

*Press Releases, News Notes, Statements [Selected]*

*Press release*

10/28/2021

**New ACT-Accelerator strategy calls for US\$ 23.4 billion international investment to solve inequities in global access to COVID-19 vaccines, tests & treatments**

Joint statement from the ACT-Accelerator partners

*[See COVID above for detail]*

*Statement*

10/27/2021

**Urgent action needed now to ensure sufficient COVID vaccine syringe supply to meet 2022 vaccination targets**

Increased demand, supply chain disruptions, and 'syringe nationalism' could lead to significant challenges in 2022 without immediate action

*[See COVID above for detail]*

*Press release*

10/27/2021

**G20 members have received 15 times more COVID-19 vaccine doses per capita than sub-Saharan African countries**

Ahead of the G20 Leaders' Summit this weekend, 48 UNICEF Africa ambassadors and supporters unite, calling on countries to deliver doses by December.

*[See COVID above for detail]*

*Remarks*

10/25/2021

**Opening remarks for UNICEF virtual event on the 'Role of Women in Polio Eradication' – 25 Oct 2021**

UNICEF Executive Director Henrietta Fore

*Remarks*

10/25/2021

**Keynote Speech to the World Health Summit 2021 – 24 October 2021**

UNICEF Executive Director Henrietta Fore

**Unitaid** [to 30 Oct 2021]

<https://unitaid.org/>

*Featured News*

29 October 2021

**Unitaid statement at the G20 Joint Finance and Health Ministers' Meeting**

27 October 2021

**WHO-Unitaid statement on the MPP licensing agreement for molnupiravir**

*[See COVID above for detail]*

**Vaccine Equity Cooperative [nee Initiative]** [to 30 Oct 2021]

<https://vaccineequitycooperative.org/news/>

*News*

*No new digest content identified.*

**Vaccination Acceptance & Demand Initiative [Sabin]** [to 30 Oct 2021]

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

*Announcements*

*No new digest content identified.*

**Vaccine Confidence Project** [to 30 Oct 2021]

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

*News, Research and Reports*

**Coronavirus global impact**

Launched April 2, 2020 and recurring every 3 days, Premise Data is utilizing its global network of Contributors to assess economic, social, and health sentiment surrounding the coronavirus (COVID-19).

**Vaccine Education Center – Children’s Hospital of Philadelphia** [to 30 Oct 2021]

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

*News*

**Vaccine Update Newsletter - October 2021**

*Vaccine Update* is our monthly email newsletter that will keep you up to date on current vaccine-related issues.

**Wellcome Trust** [to 30 Oct 2021]

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

*News and reports*

*Explainer*

**What treatments are working for Covid-19?**

28 October 2021

From existing antivirals to new antibody therapies – researchers are working tirelessly to find the best drugs to treat Covid-19.

*Explainer*

**Four reasons why health must be at the heart of climate action**

25 October 2021

Climate change is one of the most urgent health challenges of our time. Ahead of COP26, we outline some of the damaging effects of climate change on health, and why climate action cannot ignore the evidence.

**The Wistar Institute** [to 30 Oct 2021]

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

*Press Releases*

*No new digest content identified.*

**WFPHA: World Federation of Public Health Associations** [to 30 Oct 2021]

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

*Latest News*

*No new digest content identified.*

**World Bank** [to 30 Oct 2021]

<http://www.worldbank.org/en/news/all>

*Selected News, Announcements*

**Joint Statement of the Multilateral Leaders Taskforce on the Strategies to Accelerate the Supply and Deployment of COVID-19 Vaccines Following its Fifth Meeting**

ROME, October 30, 2021 — The heads of the International Monetary Fund, World Bank Group, World Health Organization and World Trade Organization met to discuss strategies to accelerate the...

Date: October 30, 2021 Type: Statement

*[See COVID above for detail]*

**Remarks by World Bank Group President David Malpass to the G20 Leaders' Summit – Session I: Global Economy and Health**

Thank you, Prime Minister Draghi. The developing world faces multiple severe problems. The pandemic and the scarcity of COVID-19 vaccines are the most immediate. In addition, the recovery is being undercut...

Date: October 30, 2021 Type: Speeches and Transcripts

*[See COVID above for detail]*

**Working towards Universal Health Coverage in East Asia and the Pacific**

Highlights - Countries in East Asia and the Pacific have committed to providing universal health coverage for their populations – so they can access quality health care when they need it without falling into...

Date: October 29, 2021 Type: Brief

**World Bank: Pandemic Threatens to Drive Unprecedented Number of Children into Learning Poverty**

WASHINGTON D.C., October 29, 2021— The COVID-19 pandemic could drive up learning poverty, the share of 10-year-olds who cannot read a basic text, to around 70 percent in low- and middle-income countries...

Date: October 29, 2021 Type: Press Release

**Remarks by World Bank Group President David Malpass at the G20 Joint Finance and Health Ministerial**

Rome – October 29, 2021 Thank you, Ministers Franco and Speranza. I welcome the Italian G20 presidency's efforts to improve coordination on pandemic preparedness and response. As we enter the third year...

Date: October 29, 2021 Type: Speeches and Transcripts

**World Customs Organization – WCO** [to 30 Oct 2021]

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

*Latest News – Selected Items*

29 October 2021

**Release of the Harmonized System Committee's working documents on WCO public database**

29 October 2021

**The annual International Customs Forum was held in Moscow**

28 October 2021

**Latest edition of WCO News now available**

**World Organisation for Animal Health (OIE)** [to 30 Oct 2021]

<https://www.oie.int/en/media/news/>

*Press Releases, Statements*

**Supporting investment decisions for animal health**

28 October 2021

Given that we live in a world of interconnectedness, the importance of data and improving datasets is paramount to achieving evidence-based policy-making at international and national levels.

The Global Burden of Animal Diseases (GBADs) programme will act as an essential piece of a bigger digital transformation at the World Organisation for Animal Health (OIE) and it will act in complementarity with other OIE datasets and workstreams such as the Training Platform, Observatory and PVS Pathway.

**WTO - World Trade Organisation** [to 30 Oct 2021]

[http://www.wto.org/english/news\\_e/news\\_e.htm](http://www.wto.org/english/news_e/news_e.htm)

*WTO News and Events*

**New WTO report on G20 shows restraint in new pandemic-related trade restrictions**

28 October 2021

G20 economies have continued to roll back COVID-19-related trade-restrictive measures and demonstrated restraint in the imposition of new ones, but the value of trade covered by pandemic-related restrictions still in place now exceeds that of trade-facilitating measures, according to the latest WTO Trade Monitoring Report on G20 trade measures released today (28 October). Ahead of a G20 leaders' summit in Rome this weekend, **Director-General Ngozi Okonjo-Iweala called on G20 economies to continue to unwind pandemic-related trade restrictions and to push for a strong WTO response to the pandemic at the 12th Ministerial Conference.**

::::::

**ARM [Alliance for Regenerative Medicine]** [to 30 Oct 2021]

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

*Selected Press Releases*

**The Alliance for Regenerative Medicine Announces Election of 2022 Officers, Executive Committee, and Board of Directors**

Washington, DC – October 21, 2021

**BIO** [to 30 Oct 2021]

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

*Press Releases, Letters, Testimony, Comments [Selected]*

*No new digest content identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [to 30 Oct 2021]

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

*News; Upcoming events*

*No new digest content identified.*

**ICBA – International Council of Biotechnology Associations** [to 30 Oct 2021]

<https://internationalbiotech.org/news/>

*News*

*No new digest content identified.*

**IFPMA** [to 30 Oct 2021]

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

*Selected Press Releases, Statements, Publications*

**[Bolstering action against future pandemics: pharma policy perspectives on delivering medical countermeasures](#)**

25 October 2021

:: Future pandemic preparedness discussions cannot and must not overshadow the need for urgent joint action to redistribute COVID-19 vaccines through COVAX and donations.

:: Planning for better pandemic preparedness requires measures to develop effective and safe pandemic products even faster to save lives and livelihoods, which requires first pathogen sharing, second, strong incentive frameworks and third, a sustainable innovation ecosystem.

:: To ensure equitable access to those products for people worldwide requires more effective collaboration with governments, multilateral organizations, regulators, and other companies and sectors.

*[See Milestones/Perspective above for detail]*

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

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

*News*

*No new digest content identified.*

**International Alliance of Patients' Organizations – IAPO** [to 30 Oct 2021]

<https://www.iapo.org.uk/news/topic/6>

*Press and media [Selected]*

*No new digest content identified.*

**PhRMA** [to 30 Oct 2021]  
<http://www.phrma.org/>  
*Latest News [Selected]*  
*No new digest content identified.*

\* \* \* \*

### **Journal Watch**

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

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

### **AJOB Empirical Bioethics**

Volume 12, 2020 Issue 4  
<https://www.tandfonline.com/toc/uabr21/current>  
[Reviewed earlier]

### **AMA Journal of Ethics**

Volume 23, Number 10: E757-831  
<https://journalofethics.ama-assn.org/issue/palliative-surgery>

#### ***Palliative Surgery***

Palliative care is not just for dying patients. In fact, dying patients are living patients, and all patients deserve palliation. Contrary to popular belief among many patients and clinicians, palliative interventions can be invasive and include not only medical, but surgical care. In any case, palliative care should be defined by intention: partnering clinicians, patients, and their loved ones aim neither to cure disease nor to prolong life, but to improve the quality of a patient's life at any needed time. Quality of life is motivated by goal-elucidating conversation, counseling, and symptom management-directed intervention. This issue investigates surgical palliation specifically, with sharp focus on intention formation and trust preservation.

### **American Journal of Infection Control**

October 2021 Volume 49 Issue 10 p1215-1342  
<http://www.ajicjournal.org/current>  
[Reviewed earlier]

### **American Journal of Preventive Medicine**

November 2021 Volume 61 Issue 5 p619-770

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

Research Articles

**[Hepatitis B Vaccination Among Adults With Diabetes Mellitus, U.S., 2018](#)**

Peng-jun Lu, Mei-Chuan Hung, Anup Srivastav, Walter W. Williams, Aaron M. Harris

Published online: July 19, 2021

p652-664

**[Factors Associated With Human Papillomavirus Vaccine Series Completion Among Adolescents](#)**

Lisa N. Mansfield, Susan G. Silva, Elizabeth I. Merwin, Richard J. Chung, Rosa M. Gonzalez-Guarda

Published online: July 10, 2021

p701-708

**American Journal of Public Health**

October 2021 111(10)

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

[Reviewed earlier]

**American Journal of Tropical Medicine and Hygiene**

Volume 105 (2021): Issue 2 (Aug 2021)

<https://www.ajtmh.org/view/journals/tpmd/105/2/tpmd.105.issue-2.xml>

[Reviewed earlier]

**Annals of Internal Medicine**

October 2021 Volume 174, Issue 10

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

[Reviewed earlier]

**Artificial Intelligence – An International Journal**

Volume 299 October 2021

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/299/suppl/C>

[Reviewed earlier]

**BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMJ Global Health**

September 2021 - Volume 6 - 9

<https://gh.bmjjournals.org/content/6/9>

[Reviewed earlier]

**BMC Health Services Research**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMC Infectious Diseases**

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

(Accessed 30 Oct 2021)

**COVID-19 underreporting and its impact on vaccination strategies**

*Underreporting cases of infectious diseases poses a major challenge in the analysis of their epidemiological characteristics and dynamical aspects. Without accurate numerical estimates it is difficult to preci...*

Authors: Vinicius Albani, Jennifer Loria, Eduardo Massad and Jorge Zubelli

Citation: BMC Infectious Diseases 2021 21:1111

Content type: Research

Published on: 28 October 2021

**BMC Medical Ethics**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMC Medicine**

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

(Accessed 30 Oct 2021)

**Costs and staffing resource requirements for adaptive clinical trials: quantitative and qualitative results from the Costing Adaptive Trials project**

*Adaptive designs offer great promise in improving the efficiency and patient-benefit of clinical trials. An important barrier to further increased use is a lack of understanding about which additional resource...*

Authors: Nina Wilson, Katie Biggs, Sarah Bowden, Julia Brown, Munyaradzi Dimairo, Laura Flight, Jamie Hall, Anna Hockaday, Thomas Jaki, Rachel Lowe, Caroline Murphy, Philip Pallmann, Mark A. Pilling, Claire Snowdon, Matthew R. Sydes, Sofía S. Villar...

Citation: BMC Medicine 2021 19:251

Content type: Research article

Published on: 26 October 2021

**BMC Pregnancy and Childbirth**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMC Public Health**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMC Research Notes**

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

(Accessed 30 Oct 2021)

[No new digest content identified]

**BMJ Evidence-Based Medicine**

October 2021 - Volume 26 - 5

<https://ebm.bmj.com/content/26/5>

[Reviewed earlier]

**BMJ Open**

October 2021 - Volume 11 - 10

<https://bmjopen.bmj.com/content/11/10>

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 99(10); 2021 Oct 1

<https://www.ncbi.nlm.nih.gov/pmc/issues/390889/>

[Reviewed earlier]

**Cell**

Oct 28, 2021 Volume 184 Issue 22 p5497-5690

<https://www.cell.com/cell/current>

*Commentary*

**[Emergency drug use in a pandemic: Harsh lessons from COVID-19](#)**

Gail Cross, Jessica S.Y. Ho, William Zacharias, Anand D. Jeyasekharan, Ivan Marazzi

The scientific and clinical communities have both experienced several harsh lessons on clinical care management and drug development during the COVID-19 pandemic. Here, we discuss several key lessons learned and describe a framework within which our two communities can work together and invest in to improve future pandemic responses.

**Child Care, Health and Development**

Volume 47, Issue 6 Pages: 733-885 November 2021

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

[New issue; No digest content identified]

**Clinical Pharmacology & Therapeutics**

Volume 110, Issue 4 Pages: 827-1135 October 2021

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

[Reviewed earlier]

**Clinical Therapeutics**

July 2021 Volume 43 Issue 7 p1135-1280

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

[New issue; No digest content identified]

**Clinical Trials**

Volume 18 Issue 5, October 2021

<https://journals.sagepub.com/toc/ctja/18/5>

[Reviewed earlier]

**Conflict and Health**

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

[Accessed 30 Oct 2021]

[No new digest content identified]

**Contemporary Clinical Trials**

Volume 109 October 2021

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/109/suppl/C>

[New issue; No digest content identified]

**The CRISPR Journal**

Volume 4, Issue 5 / October 2021

<https://www.liebertpub.com/toc/crispr/4/5>

*Review Article Free*

**[CRISPR-Cas Gene Perturbation and Editing in Human Induced Pluripotent Stem Cells](#)**

Max van Essen, [Joey Riepsaame](#), and [John Jacob](#)

Pages:634–655

Published Online:28 September 2021

<https://doi.org/10.1089/crispr.2021.0063>

*Free*

**[Determination of Factors Driving the Genome Editing Field in the CRISPR Era Using Bibliometrics](#)**

Ying Huang, [Yi Zhang](#), [Mengjia Wu](#), [Alan Porter](#), and [Rodolphe Barrangou](#)

Pages:728–738

Published Online:15 October 2021

<https://doi.org/10.1089/crispr.2021.0001>

## **Current Genetic Medicine Reports**

Volume 9, issue 3, September 2021

<https://link.springer.com/journal/40142/volumes-and-issues/9-3>

[Reviewed earlier]

## **Current Opinion in Infectious Diseases**

October 2021 - Volume 34 - Issue 5

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

*TROPICAL AND TRAVEL-ASSOCIATED DISEASES*

Edited by Christina M. Coyle

[Reviewed earlier]

## **Current Protocols in Human Genetics**

Volume 108, Issue 1 December 2020

<https://currentprotocols.onlinelibrary.wiley.com/toc/19348258/current>

[Reviewed earlier]

## **Developing World Bioethics**

Volume 21, Issue 3 Pages: 97-148 September 2021

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

[Reviewed earlier]

## **Development in Practice**

Volume 31, Issue 7, 2021

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

***The Private Sector in the Development Landscape.***

Guest Editors: Jason Hart, Jo-Anna Russon & Jessica Sklair

[Reviewed earlier]

## **Disaster Medicine and Public Health Preparedness**

Volume 15 - Issue 4 - August 2021

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

*Concepts in Disaster Medicine*

**[Ethical Decision-Making in Humanitarian Medicine: How Best to Prepare?](#)**

Kadri Simm

Published online by Cambridge University Press: 13 April 2020, pp. 499-503

*Abstract*

Ethical decision-making during humanitarian medical response is a topic of great moral as well as practical importance. The context of humanitarian disasters, often characterized by acute time-pressure, lack of resources, the unfamiliarity of circumstances, is stressful for medical professionals. The overall aim of this article is pragmatic, to introduce briefly the importance and context for

preparing medical disaster response personnel for ethical decision-making and then to provide a discussion case and explain the particular value-reflection methodology. The focus of methodology is on providing space for the emotional and stressful aspects of ethics training for disasters.

## **Disasters**

Volume 45, Issue 4 Pages: 739-995 October 2021

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

[Reviewed earlier]

## **EMBO Reports**

Volume 22 Issue 10 5 October 2021

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

*Science & Society* 3 September 2021 Open Access

### **COVID-19 and the gain of function debates: Improving biosafety measures requires a more precise definition of which experiments would raise safety concerns**

Kelsey Lane Warmbrod, Michael G Montague, Gigi Kwik Gronvall

The COVID-19 pandemic has rekindled debates about gain-of-function experiments. This is an opportunity to clearly define safety risks and appropriate countermeasures.

*Science & Society* 17 September 2021 Free Access

### **Lessons from COVID-19: The ongoing pandemic has inspired and advanced research and development across a wide range of fields**

Philip Hunter

From immunology to manufacturing to social science: COVID-19 has been a boon for research and development in many research areas.

## **Emerging Infectious Diseases**

Volume 27, Number 9—September 2021

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

[Reviewed earlier]

## **Epidemics**

Volume 36 September 2021

<https://www.sciencedirect.com/journal/epidemics/vol/36/suppl/C>

[Reviewed earlier]

## **Epidemiology and Infection**

Volume 149 - 2021

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

[Reviewed earlier]

## **Ethics & Human Research**

Volume 43, Issue 5 Pages: 1-44 September–October 2021

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

[Reviewed earlier]

## **Ethics & International Affairs**

Fall 2021 (35.3) | October 2021

<https://www.ethicsandinternationalaffairs.org/2021/fall-2021-35-3/>

The editors of Ethics & International Affairs are pleased to present the Fall 2021 issue of the journal! The highlight of this issue is a book symposium organized by Peter Balint on Ned Dobos's Ethics, Security, and the War Machine, featuring contributions by Peter Balint; Neta C. Crawford; C. A. J. Coady; Ned Dobos; Cécile Fabre; Christopher J. Finlay; David Rodin; and Cheyney Ryan. Additionally, the issue includes a feature article by Philipp Gisbertz-Astolfi on the reduced legal equality of combatants in war and an essay by Hendrik Schopmans and Jelena Cupać on ethical AI, gender equality, and illiberal backlash politics. It also contains a review essay by Andreas Papamichail on the global politics of health security, and a book review by Claire Finkelstein.

[Reviewed earlier]

## **Ethics, Medicine and Public Health**

September 2021

<https://www.sciencedirect.com/journal/ethics-medicine-and-public-health/vol/18/suppl/C>

[Reviewed earlier]

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

SUPPLEMENT - Volume 31, Issue Supplement\_1, July 2021

[https://academic.oup.com/eurpub/issue/31/Supplement\\_1](https://academic.oup.com/eurpub/issue/31/Supplement_1)

### ***Supplement: E-Mental-Health: Exploring the Evidence Base and Stakeholders' Perspectives on Internet-Based Interventions for the Prevention of Mental Health Conditions***

Mental illness represents an enormous personal, social and societal burden for European citizens<sup>1</sup> calling for the need to expand existing models of mental healthcare delivery. In Europe, the Internet is a key source of health information,<sup>2</sup> and technology-enhanced (psychological) interventions such as Internet- and mobile-delivered applications ('eHealth<sup>3</sup> and 'm-Health<sup>4</sup>) have become increasingly popular and studied. There is already strong evidence of the efficacy of online interventions for the prevention and treatment of several psychological disorders<sup>5,6</sup> and meta-analyses show effect sizes similar to face-to-face interventions.<sup>7</sup>

## **Expert Review of Vaccines**

Vol 20 (9) 2021

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

[Reviewed earlier]

## **Forum for Development Studies**

Volume 48, 2021 - Issue 2

<http://www.tandfonline.com/toc/sfds20/current>

[Reviewed earlier]

**Genome Medicine**

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

[Accessed 30 Oct 2021]

[No new digest content identified]

**Global Health Action**

Volume 14, Issue 1 (2021)

<https://www.tandfonline.com/toc/zgha20/current?nav=tocList>

[Reviewed earlier]

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

Vol. 9, No. 3 September 30, 2021

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

[Reviewed earlier]

**Global Legal Monitor – Library of Congress/USA**

<https://www.loc.gov/collections/global-legal-monitor/>

[Accessed 30 Oct 2021]

[No new digest content identified]

**Global Public Health**

Volume 16, Issue 12 (2021)

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

[New issue; No digest content identified]

**Globalization and Health**

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

[Accessed 30 Oct 2021]

[No new digest content identified]

**Health and Human Rights**

Volume 23, Issue 1, June 2021

<https://www.hhrjournal.org/volume-23-issue-1-june-2021/>

[Reviewed earlier]

**Health Economics, Policy and Law**

Volume 16 - Issue 4 - October 2021

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

[Reviewed earlier]

### **Health Policy and Planning**

Volume 36, Issue 8, October 2021

<https://academic.oup.com/heapol/issue/36/8>

[Reviewed earlier]

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

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

[Accessed 30 Oct 2021]

[No new digest content identified]

### **Human Gene Therapy**

Volume 32, Issue 19-20 / October 2021

<https://www.liebertpub.com/toc/hum/32/19-20>

[New issue; No digest content identified]

### **Humanitarian Exchange Magazine**

Number 79, May 2021

<https://odihpn.org/magazine/localisation-and-local-humanitarian-action/>

#### **Localisation and local humanitarian action**

by HPN October 2020

The theme of this edition of *Humanitarian Exchange* is localisation+ and local humanitarian action. Five years ago this week, donors, United Nations (UN) agencies, non-governmental organisations (NGOs), the International Committee of the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC) committed within the Grand Bargain to increase multi-year investments in the institutional capacities of local and national responders, and to provide at least 25% of humanitarian funding to them as directly as possible. Since then, there is increasing consensus at policy and normative level, underscored by the Covid-19 pandemic, that local leadership should be supported. Localisation has gone from a fringe conversation among policy-makers and aid agencies in 2016 to a formal priority under the Grand Bargain. Wider global movements on anti-racism and decolonisation have also brought new momentum to critical reflections on where power, knowledge and capacity reside in the humanitarian system. Yet progress has been slow and major gaps remain between the rhetoric around humanitarian partnerships, funding and coordination and practices on the ground.

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

Volume 17, Issue 10, 2021

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

[Reviewed earlier]

### **Immunity [NEW JOURNAL ADDED]**

Oct 12, 2021 Volume 54 Issue 10 p2169-2436  
<https://www.cell.com/immunity/current>  
[Reviewed earlier]

**Infectious Agents and Cancer**  
<http://www.infectagentscancer.com/content>  
[Accessed 30 Oct 2021]  
[No new digest content identified]

**Infectious Diseases of Poverty**  
<http://www.idpjournal.com/content>  
[Accessed 30 Oct 2021]  
[No new digest content identified]

**International Health**  
Volume 13, Issue 5, September 2021  
<https://academic.oup.com/inthealth/issue/13/5>  
[Reviewed earlier]

**International Human Rights Law Review**  
Volume 10 (2021): Issue 1 (Jun 2021)  
<https://brill.com/view/journals/hrlr/10/1/hrlr.10.issue-1.xml>  
[Reviewed earlier]

**International Journal of Community Medicine and Public Health**  
Vol 8, No 10 (2021) October 2021  
<https://www.ijcmph.com/index.php/ijcmph/issue/view/81>  
[Reviewed earlier]

**International Journal of Epidemiology**  
Volume 50, Issue 4, August 2021  
<https://academic.oup.com/ije/issue>  
[Reviewed earlier]

**International Journal of Human Rights in Healthcare**  
Volume 14 Issue 1 2021  
<https://www.emerald.com/insight/publication/issn/2056-4902/vol/14/iss/1>  
*Table of Contents*  
[Reviewed earlier]

**International Journal of Infectious Diseases**

October 2021 Volume 111 p1-362

<https://www.ijidonline.com/current>

[Reviewed earlier]

**JAMA**

October 26, 2021, Vol 326, No. 16, Pages 1565-1642

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

*Original Investigation*

**[Association of Receipt of the Ad26.COV2.S COVID-19 Vaccine With Presumptive Guillain-Barré Syndrome, February-July 2021](#)**

Emily Jane Woo, MD, MPH; Adamma Mba-Jonas, MD, MPH; Rositsa B. Dimova, PhD; et al.

free access

JAMA. 2021;326(16):1606-1613. doi:10.1001/jama.2021.16496

Based on the Vaccine Adverse Event Reporting System, this article reports on the prevalence of presumptive Guillain-Barré syndrome among recipients of the Ad26.COV2.S (Janssen/Johnson & Johnson) COVID-19 vaccine.

**[Spontaneous Abortion Following COVID-19 Vaccination During Pregnancy](#)**

Elyse O. Kharbanda, MD, MPH; Jacob Haapala, MPH; Malini DeSilva, MD, MPH; et al.

free access has active quiz

JAMA. 2021;326(16):1629-1631. doi:10.1001/jama.2021.15494

This study presents findings from case-control surveillance of COVID-19 vaccination during pregnancy and spontaneous abortion.

**JAMA Network****[COVID-19 Update October 30, 2021](#)**

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

**JAMA Pediatrics**

October 2021, Vol 175, No. 10, Pages 990-1088

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

[Reviewed earlier]

**JBI Evidence Synthesis**

October 2021 - Volume 19 - Issue 10

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

[Reviewed earlier]

**Journal of Adolescent Health**

October 2021 Volume 69 Issue 4 p533-682

<https://www.jahonline.org/current>

[Reviewed earlier]

**Journal of Artificial Intelligence Research**

Vol. 72 (2021)

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

[Reviewed earlier]

**Journal of Community Health**

Volume 46, issue 5, October 2021

<https://link.springer.com/journal/10900/volumes-and-issues/46-5>

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Volume 153 November 2021

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Volume 16 Issue 4, October 2021

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September 2021 - Volume 75 - 9

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Volume 14, Issue 3 Pages: 171-256 September 2021

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Volume 17, Issue 1, 2021

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[Reviewed earlier]

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Volume 32, Number 3, August 2021

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**Journal of Immigrant and Minority Health**

Volume 23, issue 5, October 2021

<https://link.springer.com/journal/10903/volumes-and-issues/23-5>

[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 19, 2021\_ Issue 3

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**Journal of Infectious Diseases**

Volume 224, Issue 6, 15 September 2021

<https://academic.oup.com/jid/issue/224/6>

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October 2021 - Volume 47 - 10

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Volume 8, Issue 4 (2021)

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***Cancer Screening***

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October 2021 Volume 237 p1-324

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[No new digest content identified]

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September/October 2021 - Volume 27 - Issue 5

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Volume 42, issue 3, September 2021

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Volume 4, Issue 1 (2021)

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**Journal of the Royal Society – Interface**

October 2021 Volume 18 Issue 183

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**Journal of Travel Medicine**

Volume 28, Issue 7, October 2021

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

[Reviewed earlier]

**Journal of Virology**

Volume 95 • Number 21 • October 2021

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**The Lancet**

Oct 30, 2021 Volume 398 Number 10311 p1541-1662, e16

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

*Editorial*

[\*\*The climate emergency: a last chance to act?\*\*](#)

The Lancet

*Review*

[\*\*The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future\*\*](#)

Marina Romanello, et a;

*Executive summary*

The Lancet Countdown is an international collaboration that independently monitors the health consequences of a changing climate. Publishing updated, new, and improved indicators each year, the Lancet Countdown represents the consensus of leading researchers from 43 academic institutions and

UN agencies. The 44 indicators of this report expose an unabated rise in the health impacts of climate change and the current health consequences of the delayed and inconsistent response of countries around the globe—providing a clear imperative for accelerated action that puts the health of people and planet above all else.

The 2021 report coincides with the UN Framework Convention on Climate Change 26th Conference of the Parties (COP26), at which countries are facing pressure to realise the ambition of the Paris Agreement to keep the global average temperature rise to 1·5°C and to mobilise the financial resources required for all countries to have an effective climate response. These negotiations unfold in the context of the COVID-19 pandemic—a global health crisis that has claimed millions of lives, affected livelihoods and communities around the globe, and exposed deep fissures and inequities in the world's capacity to cope with, and respond to, health emergencies. Yet, in its response to both crises, the world is faced with an unprecedented opportunity to ensure a healthy future for all.

### **The Lancet Child & Adolescent Health**

Oct 2021 Volume 5 Number 10 p681-766, e39-e43

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### **Lancet Digital Health**

Oct 2021 Volume 3 Number 10 e612-e683

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### **Lancet Global Health**

Oct 2021 Volume 9 Number 10 e1336-e1473

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

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### **Lancet Infectious Diseases**

Oct 2021 Volume 21 Number 10 p1333-1470, e302-e340

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### **Lancet Public Health**

Oct 2021 Volume 6 Number 10 e696-e779

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Oct 2021 Volume 9 Number 10 p1077-1202, e96-e103

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

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## **Maternal and Child Health Journal**

Volume 25, issue 10, October 2021

<https://link.springer.com/journal/10995/volumes-and-issues/25-10>

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

Volume 41 Issue 7, October 2021

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## **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 99, Issue 3 Pages: 601-852 September 2021

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

[Reviewed earlier]

## **Nature**

Volume 598 Issue 7882, 28 October 2021

<https://www.nature.com/nature/volumes/598/issues/7882>

*Editorial* | 27 October 2021

### **The COVID pandemic must lead to tuberculosis vaccines**

*The coronavirus crisis has halted decades of progress on TB. But the speed of COVID vaccines shows there can still be hope for advances against neglected diseases.*

Researchers and clinicians are upset and frustrated that decades of work in diagnosing, treating and researching tuberculosis (TB) have massively stalled. The slowdown means the world is losing ground against a disease that kills 1.5 million people every year.

As the International Union Against Tuberculosis and Lung Disease held its annual conference online last week, Guy Marks, the union's president, spoke for many when, comparing efforts against COVID-19, he said: "Many of us who work in the [TB] field feel robbed that equivalent efforts to develop a TB vaccine have never been as well committed or funded."

Marks added: "The failure to deliver COVID-19 vaccines to low- and middle-income countries and end tuberculosis are two sides of the same coin — a devaluation of human life in poor countries." He has a point. But it doesn't need to be this way.

Researchers are again urging decision-makers to revive diagnosis, treatment and research programmes for TB and other infectious diseases, such as malaria. And they are saying that much can be learnt from how the creation of COVID-19 vaccines was fast-tracked.

Researchers have been warning that even more people will die from TB and other infectious diseases, such as malaria and HIV, if health systems continue to neglect these infections because of the

continuing focus on coronavirus (see [Nature 597, 314; 2021](#)). And they are pleading with funders and governments not to drop the ball on TB work.

But their warnings are not being heeded. Not only are more people dying of the disease, but a target to reduce deaths by 90% from 2015 levels by 2030 — part of the United Nations Sustainable Development Goals — is now in peril. According to research published this month, this failure will also lead to profound economic and health losses in the trillions of dollars — with the greatest impact in sub-Saharan Africa (S. Silva et al. *Lancet Glob. Health* 9, E1372–E1379; 2021).

A crucial problem is that fewer medical professionals have been available to diagnose and treat TB. As a result, the number of people diagnosed with the disease fell from 7.1 million in 2019 to 5.8 million in 2020. India, Indonesia and the Philippines are the most affected countries, according to the World Health Organization's (WHO's) latest TB report, published this month (see [go.nature.com/3re4n6j](#)).

At the same time, funding has also shrunk. Global spending on TB diagnostic, treatment and prevention services dropped from US\$5.8 billion to \$5.3 billion in 2020. Moreover, this overall spending is less than half of the WHO's global target of \$13 billion annually by 2022. TB research funding is also half of what it needs to be. The WHO set a separate target for this of \$2 billion annually for 2018–22. In 2019, funding for TB research totalled only \$901 million. By contrast, the US National Institutes of Health alone has set aside \$4.9 billion for research on COVID-19. Published research in TB seems to be holding up for now, according to an analysis published this week in *Nature Index* (see [Nature 598, S10–S13; 2021](#)).

Some conference delegates spoke of lowering the targets for diagnosing and treating TB (and for other infectious diseases) to account for these and other ground realities. But that would be inadvisable. Although the COVID-19 pandemic is the highest priority for political leaders, wealthier nations and philanthropic donors, the pandemic has also shown how it is possible to boost both research into an infectious disease and treatment — and to do so at speed, which has led to COVID-19 vaccines in record time.

Lessons from COVID-19 must be applied to the fight against TB and other infectious diseases — from extraordinary resource mobilization to the use of emerging technologies, such as messenger RNA and other platforms to create vaccines. Advances in rapid and reliable diagnostics, advanced computation, sequencing and clinical-trial capacity for new vaccines and treatments can all be harnessed for TB and other infectious diseases.

The TB vaccine in use today is essentially the same as the *Bacillus Calmette–Guérin* (BCG) vaccine introduced in July 1921. The COVID-19 pandemic has shown that it's possible to produce new vaccines in one year, not 100 — provided that there is funding and political will.

## **Nature Biotechnology**

Volume 39 Issue 10, October 2021

<https://www.nature.com/nbt/volumes/39/issues/10>

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### **Nature Genetics**

Volume 53 Issue 10, October 2021  
<https://www.nature.com/ng/volumes/53/issues/10>  
[Reviewed earlier]

### **Nature Human Behaviour**

Volume 5 Issue 10, October 2021  
<https://www.nature.com/nathumbehav/volumes/5/issues/10>  
[Reviewed earlier]

### **Nature Medicine**

Volume 27 Issue 10, October 2021  
<https://www.nature.com/nm/volumes/27/issues/10>  
[Reviewed earlier]

### **Nature Reviews Genetics**

Volume 22 Issue 10, October 2021  
<https://www.nature.com/nrg/volumes/22/issues/10>  
[Reviewed earlier]

### **Nature Reviews Immunology**

Volume 21 Issue 10, October 2021  
<https://www.nature.com/nri/volumes/21/issues/10>  
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### **Nature Reviews Drug Discovery**

Volume 20 Issue 10, October 2021  
<https://www.nature.com/nrd/volumes/20/issues/10>  
[Reviewed earlier]

### **New England Journal of Medicine**

October 28, 2021 Vol. 385 No. 18  
<http://www.nejm.org/toc/nejm/medical-journal>  
*Perspective*  
**Uncomfortable Truths — What Covid-19 Has Revealed about Chronic-Disease Care in America** M.H. Chin

*Original Articles*

**Clinical Features of Vaccine-Induced Immune Thrombocytopenia and Thrombosis**

S. Pavord and Others

*Editorials*

**Audio Interview: A New Monoclonal Antibody for Covid-19 and Potential Vaccination for Children**

E.J. Rubin, L.R. Baden, and S. Morrissey

**Pediatrics**

Vol. 148, Issue 4 1 Oct 2021

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**PharmacoEconomics**

Volume 39, issue 10, October 2021

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**Safety and immunogenicity of 2-dose heterologous Ad26.ZEBOV, MVA-BN-Filo Ebola vaccination in healthy and HIV-infected adults: A randomised, placebo-controlled Phase II clinical trial in Africa**

Houeratou Barry, Gaudensia Mutua, Hannah Kibuuka, Zacchaeus Anywaine, Sodionon B. Sirima, Nicolas Meda, Omu Anzala, Serge Eholie, Christine Bétard, Laura Richert, Christine Lacabaratz, M. Juliana McElrath, Stephen De Rosa, Kristen W. Cohen, Georgi Shukarev, Cynthia Robinson, Auguste Gaddah, Dirk Heerwegen, Viki Bockstal, Kerstin Luhn, Maarten Leyssen, Macaya Douoguih, Rodolphe Thiébaut, the EBL2002 Study group

Research Article | published 29 Oct 2021 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1003813>

## **Medical journal requirements for clinical trial data sharing: Ripe for improvement**

Florian Naudet, Maximilian Siebert, Claude Pellen, Jeanne Gaba, Cathrine Axfors, Ioana Cristea, Valentin Danchev, Ulrich Mansmann, Christian Ohmann, Joshua D. Wallach, David Moher, John P. A. Ioannidis

Policy Forum | published 25 Oct 2021 PLOS Medicine

<https://doi.org/10.1371/journal.pmed.1003844>

## **PLoS Neglected Tropical Diseases**

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[No new digest content identified]

## **PLoS One**

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[Accessed 30 Oct 2021]

*Research Article*

## **Misinformation, perceptions towards COVID-19 and willingness to be vaccinated: A population-based survey in Yemen**

Ahmad Naoras Bitar, Mohammed Zawiah, Fahmi Y. Al-Ashwal, Mohammed Kubas, Ramzi Mukred Saeed, Rami Abduljabbar, Ammar Ali Saleh Jaber, Syed Azhar Syed Sulaiman, Amer Hayat Khan

Research Article | published 29 Oct 2021 PLOS ONE

<https://doi.org/10.1371/journal.pone.0248325>

## **Messages that increase COVID-19 vaccine acceptance: Evidence from online experiments in six Latin American countries**

Pablo Argote Tironi, Elena Barham, Sarah Zuckerman Daly, Julian E. Gerez, John Marshall, Oscar Pocasangre

Research Article | published 28 Oct 2021 PLOS ONE

<https://doi.org/10.1371/journal.pone.0259059>

## **Analysis of COVID-19 vaccine non-intent by essential vs non-essential worker, demographic, and socioeconomic status among 101,048 US adults**

Tania Elliott, Baligh R. Yehia, Angela L. Winegar, Jyothi Karthik Raja, Ashlin Jones, Erin Shockley, Joseph Cacchione

Research Article | published 28 Oct 2021 PLOS ONE

<https://doi.org/10.1371/journal.pone.0258540>

## **Invincibility threatens vaccination intentions during a pandemic**

James M. Leonhardt, Garret Ridinger, Yu Rong, Amir Talaei-Khoe

Research Article | published 27 Oct 2021 PLOS ONE

<https://doi.org/10.1371/journal.pone.0258432>

## **PLoS Pathogens**

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

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### **Induction of trained immunity by influenza vaccination - impact on COVID-19**

Priya A. Debisarun, Katharina L. Gössling, Ozlem Bulut, Gizem Kilic, Martijn Zoodsma, Zhaoli Liu, Marina Oldenburg, Nadine Rüchel, Bowen Zhang, Cheng-Jian Xu, Patrick Struycken, Valerie A. C. M. Koeken, Jorge Domínguez-Andrés, Simone J. C. F. M. Moorlag, Esther Taks, Philipp N. Ostermann, Lisa Müller, Heiner Schaal, Ortwin Adams, Arndt Borkhardt, Jaap ten Oever, Reinout van Crevel, Yang Li, Mihai G. Netea

Research Article | published 25 Oct 2021 PLOS Pathogens

<https://doi.org/10.1371/journal.ppat.1009928>

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

October 19, 2021; vol. 118 no. 42

<https://www.pnas.org/content/118/42>

[New issue; Ni digest content identified]

### **Prehospital & Disaster Medicine**

Volume 36 - Issue 5 - October 2021

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

[Reviewed earlier]

### **Preventive Medicine**

Volume 150 September 2021

<https://www.sciencedirect.com/journal/preventive-medicine/vol/150/suppl/C>

[Reviewed earlier]

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

27 October 2021 Volume 288 Issue 1961

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

[Reviewed earlier]

### **Public Health**

Volume 199 Pages e1-e4, 1-118 (October 2021)

<https://www.sciencedirect.com/journal/public-health/vol/199/suppl/C>

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### **Public Health Ethics**

Volume 14, Issue 2, July 2021

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[Reviewed earlier]

### **Public Health Reports**

Volume 136 Issue 5, September/October 2021

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**Qualitative Health Research**  
Volume 31 Issue 10, August 2021  
<https://journals.sagepub.com/toc/qhra/current>  
[Reviewed earlier]

**Research Ethics**  
Volume 17 Issue 4, October 2021  
<http://journals.sagepub.com/toc/reab/current>  
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<http://www.reproductive-health-journal.com/content>  
[Accessed 30 Oct 2021]  
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**Revista Panamericana de Salud Pública/Pan American Journal of Public Health (RPSP/PAJPH)**  
<https://www.paho.org/journal/en>  
*Selected Articles*  
25 Oct 2021  
[\*\*SARS-CoV-2 variants in severely symptomatic and deceased persons who had been vaccinated against COVID-19 in São Paulo, Brazil\*\*](#)  
Brief communication | English |

**Risk Analysis**  
Volume 41, Issue 9 Pages: 1497-1735 September 2021  
<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 30 Oct 2021]  
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[No new digest content identified]

**Science**  
Volume 374| Issue 6567| 29 Oct 2021  
<https://www.science.org/toc/science/current>

[New issue; No digest content identified]

### **Science Translational Medicine**

Volume 13| Issue 617| 27 Oct 2021

<https://www.science.org/toc/stm/current>

*Focus*

#### **Pregnancy influences immune responses to SARS-CoV-2**

BY Cristian Ovies, Eleanor C. Semmes, Carolyn B. Coyne

27 Oct 2021 Free

Pregnancy and fetal sex influence the quality of antibody responses to SARS-CoV-2 infection and immunization (Atyeo et al., Bordt et al.).

*Research Articles*

#### **COVID-19 mRNA vaccines drive differential antibody Fc-functional profiles in pregnant, lactating, and nonpregnant women**

BY Caroline Atyeo, t al.

27 Oct 2021

Open Access

Pregnant and lactating women develop distinct antibody Fc profiles in response to the mRNA-1273 and BNT162b2 vaccines compared to nonpregnant women.

### **Social Science & Medicine**

Volume 286 October 2021

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/286/suppl/C>

[Reviewed earlier]

### **Systematic Reviews**

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

[Accessed 30 Oct 2021]

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### **Theoretical Medicine and Bioethics**

Volume 41, issue 5-6, December 2020

<https://link.springer.com/journal/11017/volumes-and-issues/41-5>

[Reviewed earlier]

### **Travel Medicine and Infectious Diseases**

Volume 43 September–October 2021

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/43/suppl/C>

[Reviewed earlier]

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

Volume 26, Issue 10 Pages: i-iv, 1139-1323 October 2021  
<https://onlinelibrary.wiley.com/toc/13653156/current>  
[Reviewed earlier]

## Vaccine

Volume 39, Issue 43 Pages 6341-6450 (15 October 2021)  
<https://www.sciencedirect.com/journal/vaccine/vol/39/issue/43>

*Discussion Full text access*

### **UAE efforts in promoting COVID-19 vaccination and building vaccine confidence**

Duaa Mohamed Suliman, Faisal A. Nawaz, Parvathy Mohanan, Mohamed Abdul Kareem Adam Modber, ... Immanuel Azaad Moonesar  
Pages 6341-6345

*Short communication Full text access*

### **Racial differences in anticipated COVID-19 vaccine acceptance among religious populations in the US**

Christopher Justin Jacobi, Brandon Vaidyanathan  
Pages 6351-6355

*Research article Abstract only*

### **Optimizing immunization schedules in endemic cholera regions: cost-effectiveness assessment of vaccination strategies for cholera control in Bangladesh**

Wu Zeng, Yujie Cui, Eva Jarawan, Carlos Avila, ... Jie Shen  
Pages 6356-6363

*Research article Open access*

### **Vaccination information, motivations, and barriers in the context of meningococcal serogroup A conjugate vaccine introduction: A qualitative assessment among caregivers in Burkina Faso, 2018**

Brooke Noel Aksnes, Jenny A. Walldorf, Sylvain F. Nkwenkeu, Robert L. Zoma, ... Mohamed F. Jalloh  
Pages 6370-6377

*Research article Abstract only*

### **Determinants of information diffusion in online communication on vaccination: The benefits of visual displays**

Helge Giese, Hansjörg Neth, Wolfgang Gaissmaier  
Pages 6407-6413

*Discussion Full text access*

### **Legal and regulatory processes for Japan's COVID-19 immunization program**

Norihisa Yamamoto, Yuichi Takahashi, Shuichiro Hayashi  
Pages 6449-6450

## Vaccines

<https://www.mdpi.com/journal/vaccines>  
Open Access Article

## **Organisational Model and Coverage of At-Home COVID-19 Vaccination in an Italian Urban Context**

by Elettra Carini, et al. , on behalf of the At Home COVID-19 Vax Team, Vaccines 2021, 9(11), 1256; <https://doi.org/10.3390/vaccines9111256> (registering DOI) - 29 Oct 2021

### *Abstract*

The COVID-19 pandemic called for a reorganisation of the methods for providing health services. The aim of this paper is to describe the organisational model implemented by one of Rome's Local Health Units (LHU), ASL Roma 1, for the "at-home COVID-19 vaccination campaign" [\[...\]](#)

*Open Access Article*

## **COVID-19 Vaccine Hesitancy in a City with Free Choice and Sufficient Doses**

by Martin C. S. Wong, et al.

Vaccines 2021, 9(11), 1250; <https://doi.org/10.3390/vaccines9111250> - 28 Oct 2021

### *Abstract*

Background: Vaccine hesitancy represents one of the major global health issues around the world. We examined the perception, attitude, perceived barriers and facilitation measures of receiving the COVID-19 vaccine in a Chinese population with free vaccine choices (Sinovac [Coronavac] vs. BioNTech/Fosun [Comirnaty]) and [\[...\]](#)

*Open Access Article*

## **The Barriers, Challenges, and Strategies of COVID-19 (SARS-CoV-2) Vaccine Acceptance: A Concurrent Mixed-Method Study in Tehran City, Iran**

by Hamid Reza Khankeh et al.

Vaccines 2021, 9(11), 1248; <https://doi.org/10.3390/vaccines9111248> - 28 Oct 2021

### *Abstract*

Acceptance and willingness to receive the vaccine are among the main factors in the success or failure of a health system in implementing the vaccination program. The present study was conducted in Tehran, the political and economic capital of Iran, to determine the [\[...\]](#)

*Open Access Systematic Review*

## **A Scoping Review to Find Out Worldwide COVID-19 Vaccine Hesitancy and Its Underlying Determinants**

by Md. Rafiul Biswas, et al.

Vaccines 2021, 9(11), 1243; <https://doi.org/10.3390/vaccines9111243> - 25 Oct 2021

### *Abstract*

Background: The current crisis created by the coronavirus pandemic is impacting all facets of life. Coronavirus vaccines have been developed to prevent coronavirus infection and fight the pandemic. Since vaccines might be the only way to prevent and stop the spread of coronavirus. [\[...\]](#)

## **Value in Health**

October 2021 Volume 24 Issue 10 p1391-1542

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

[Reviewed earlier]



## **Pre-Print Servers**

### **bioRxiv**

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

*bioRxiv (pronounced "bio-archive") is a free online archive and distribution service for unpublished preprints in the life sciences. It is operated by Cold Spring Harbor Laboratory, a not-for-profit research and educational institution. By posting preprints on bioRxiv, authors are able to make their findings immediately available to the scientific community and receive feedback on draft manuscripts before they are submitted to journals.*

[Accessed 30 Oct 2021]

[No new digest content identified]

### **Gates Open Research**

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

[Accessed 30 Oct 2021]

[No new digest content identified]

### **medRxiv**

<https://www.medrxiv.org/content/about-medrxiv>

*medRxiv is a free online archive and distribution server for complete but unpublished manuscripts (preprints) in the medical, clinical, and related health sciences. Preprints are preliminary reports of work that have not been certified by peer review. They should not be relied on to guide clinical practice or health-related behavior and should not be reported in news media as established information. medRxiv is for the distribution of preprints - complete but unpublished manuscripts - that describe human health research conducted, analyzed, and interpreted according to scientific principles...*

[Accessed 30 Oct 2021]

*Selected Content*

#### **[Measuring College Student Attitudes Toward COVID-19 Vaccinations](#)**

Zach W. Taylor, Ibrahim Bicak, Joshua Childs, Carla Fletcher, Allyson Cornett  
medRxiv 2021.10.30.21265699; doi: <https://doi.org/10.1101/2021.10.30.21265699>

#### **[Parents perceptions and intention to vaccinate their children against COVID-19: Results from a cross-sectional national survey in India](#)**

Bijaya Kumar Padhi, Prakasini Satapathy, Vineeth Rajagopal, Neeti Rustagi, Jatina Vij, Lovely Jain, Venkatesan Chakrapani, Binod Patro, Sitanshu Sekhar Kar, Ritesh Singh, Star Pala, Lalit Sankhe, Bhavesh Modi, Surya Bali, Tanvi Kiran, Kapil Goel, Arun Kumar Aggarwa, Madhu Gupta  
medRxiv 2021.10.30.21265449; doi: <https://doi.org/10.1101/2021.10.30.21265449>

#### **[Comparison of the immunogenicity of BNT162b2 and CoronaVac COVID-19 Vaccines in Hong Kong](#)**

Chris Ka Pun Mok, David S Hui  
medRxiv 2021.10.28.21265635; doi: <https://doi.org/10.1101/2021.10.28.21265635>

#### **[Pneumococcal Vaccination Coverage and Uptake Among Adults in Switzerland](#)**

Kyra D Zens, Phung Lang  
medRxiv 2021.10.29.21265674; doi: <https://doi.org/10.1101/2021.10.29.21265674>

**Safety and immunogenicity of a high-dose quadrivalent influenza vaccine administered concomitantly with a third dose of the mRNA-1273 SARS-CoV-2 vaccine in adults  $\geq$  65 years of age: a Phase II, open-label study**

Ruvim Izikson, Daniel Brune, Jean-Sébastien Bolduc, Pierre Bourron, Marion Fournier, Tamala Mallett Moore, Aseem Pandey, Lucia Perez, Nessryne Sater, Anju Shrestha, Sophie Wague, Sandrine I Samson  
medRxiv 2021.10.29.21265248; doi: <https://doi.org/10.1101/2021.10.29.21265248>

**Impact of the COVID-19 pandemic on routine immunization coverage in children under 2 years old in Ontario, Canada: A retrospective cohort study**

Catherine Ji, Pierre-Philippe Piche-Renaud, Jemisha Apajee, Ellen Stephenson, Milena Forte, Jeremy N Friedman, Michelle Science, Stanley Zlotkin, Shaun K Morris, Karen Tu  
medRxiv 2021.10.28.21265578; doi: <https://doi.org/10.1101/2021.10.28.21265578>

**Boosting of the SARS-CoV-2-specific immune response after vaccination with single-dose Sputnik Light vaccine**

Alexey A. Komissarov, Inna V. Dolzhikova, Grigory A. Efimov, Denis Y. Logunov, Olga Mityaeva, Ivan A. Molodtsov, Nelli B. Naigovzina, Iuliia O. Peshkova, Dmitry V. Shchegolyakov, Pavel Volchkov, Elena Vasilieva  
medRxiv 2021.10.26.21265531; doi: <https://doi.org/10.1101/2021.10.26.21265531>

**Modeling the impact of vaccination strategies for nursing homes in the context of increased SARS-CoV-2 community transmission and variants**

Inga Holmdahl, Rebecca Kahn, Kara Jacobs Slifka, Kathleen Dooling, Rachel B. Slayton  
medRxiv 2021.10.25.21265493; doi: <https://doi.org/10.1101/2021.10.25.21265493>

**Wellcome Open Research** [to 30 Oct 2021]

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

[Accessed 30 Oct 2021]

Wellcome Open Research provides all Wellcome researchers with a place to rapidly publish any results they think are worth sharing. All articles benefit from rapid publication, transparent peer review and editorial guidance on making all source data openly available.

[No new digest content identified]

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**Think Tanks**

**Brookings** [to 30 Oct 2021]

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

*Terrorism & Extremism*

**From anti-vaxxer moms to militia men: Influence operations, narrative weaponization, and the fracturing of American identity**

Dana Beth Weinberg and Jessica Dawson  
October 2021

*Coronavirus (COVID-19)*

## **Resilience in the Asia Pacific: Vaccines and the “triple challenge”**

Tuesday, October 26, 2021

**Center for Global Development** [to 30 Oct 2021]

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

*Accessed 30 Oct 2021*

### **Most Refugees Live in Cities, Not Camps. Our Response Needs to Shift**

October 29, 2021

When most people think about refugees, they think of sprawling camps separated from the rest of society. But in reality, today—World Cities Day—over 60 percent of the world’s 26.4 million refugees and around half of the world’s 48 million IDPs live in urban areas, mostly in low- and middle-income countries.

[Anneleen Vos](#) and [Helen Dempster](#)

### **Lessons for R&D and Manufacturing Investment for Equitable COVID-19 and Pandemic Response**

October 28, 2021

We conducted a joint review of the portfolio management activities of the committee overseeing COVAX R&D and manufacturing investments, known as RDMIC (R&D and Manufacturing Investment Committee). Our aim was to assess learnings from investments to date and suggest ways to strengthen future global health security preparedness and prevent the inequities observed in the COVID-19 response from repeating.

[Amanda Glassman](#) et al.

### **What We Know and Still Don’t Know: Progress and Challenges in the Quest for Transparency to Ensure Equity in the COVID-19 Vaccine Deployment**

*Event*

11/4/21

After earlier calls for transparency in the global deployment of COVID-19 vaccine, we’ve seen progress: in addition to UNICEF’s COVID-19 Vaccine Dashboard launched in December 2020, the Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics – launched in June 2021 – houses a central repository with (partial) data on vaccine purchasing and deployment; (some) governments have released (few) contract details; and (select) manufacturers have contributed their designs to technology transfer hubs to facilitate the scale-up of production. But these steps have been small and limited. The overwhelming lack of information on COVID-19 vaccine research and development, manufacturing, contracts, and deployment in the public domain still leads to unpredictable delivery times, wasted doses, high purchasing prices in low- and middle-income countries, and inequitable distribution.

**Chatham House** [to 30 Oct 2021]

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

*Accessed 30 Oct 2021*

[No new digest content identified]

**CSIS**

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

Accessed 30 Oct 2021

Podcast Episode

### **[The Case for Routine Immunizations within Health Emergency Response](#)**

October 26, 2021 | By [Katherine E. Bliss](#)

### **Kaiser Family Foundation**

[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)

October 28, 2021 *News Release*

### **[1 in 4 Workers Say Their Employer Required Them to Get a COVID-19 Vaccine, Up Since June; 5% of Unvaccinated Adults Say They Left a Job Due to a Vaccine Requirement](#)**

Most Parents Say Their Kids Will Go Trick-or-Treating for Halloween; 1 in 8 Won't Due to COVID-19

With the Biden administration moving to require large employers to require COVID-19 vaccinations and require weekly testing for unvaccinated workers, the latest KFF COVID-19 Vaccine Monitor report finds a quarter (25%) of workers...

October 25, 2021 *News Release*

### **[Policy Considerations as Children Ages 5-11 Become Eligible for the COVID-19 Vaccine](#)**

A new KFF issue brief lays out key factors for the successful rollout of COVID-19 vaccinations for younger children, ages 5 to 11. This week, the Food and Drug Administration's (FDA) advisory committee will meet to vote on a request to authorize the Pfizer vaccine for younger children. A final...

### **ODI [Overseas Development Institute] [to 30 Oct 2021]**

<https://odi.org/en/publications/>

*Publications*

[No new digest content identified]

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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 Foundation, which is solely responsible for its content.

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Support for this service is provided by the Bill & Melinda Gates Foundation; the Bill & Melinda Gates Medical Research Institute , PATH, and industry resource members Janssen/J&J, Pfizer and Takeda, (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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