



**Center for Vaccine Ethics & Policy (CVEP)**  
**Vaccines and Global Health: The Week in Review**  
**29 November 2025 :: Issue 824**

*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 at <https://centerforvaccineethicsandpolicy.net>. This blog allows full text searching of over 27,000 entries.*

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***Contents [click to move among sections]***

- :: [Milestones, Perspectives](#)
- :: [WHO](#)
- :: [U.S. Immunization and Public Health Governance/Policy/Funding](#)
- :: [Organization Announcements](#)
- :: [Journal Watch](#)
- :: [Pre-Print Servers](#)
- :: [Think Tanks](#)
- :: [Public Consultations/Call for Inputs/Call for Papers](#)

## *Milestones, Perspectives*



### [Immunization Agenda 2030: mid-term review](#)

28 November 2025 | WHO - Technical document

[Download \(5.2 MB\)](#)

#### *Overview*

The IA2030 Mid-Term Review provides a timely assessment of global immunization progress at the halfway point of the decade. **Despite unprecedented challenges—including the COVID-19 pandemic, geopolitical instability, climate disruptions, and constrained financing—immunization efforts over the past five years** have averted millions of deaths and introduced life-saving vaccines in many countries.

Yet, despite these efforts, **most IA2030 targets remain off-track. The key indicators show persistent gaps in routine coverage, equity, and outbreak prevention across many countries.**

Looking ahead, **the Review reaffirms the enduring relevance of IA2030's vision** for: a world where everyone, everywhere, at every age fully benefits from vaccines for good health and well-being. In light of the shifting global context, it **calls for renewed commitment** to building sustainable country programmes, stronger integration with primary health care, and more focused prioritisation from global health agencies and partners – especially regarding fragile, conflict and vulnerable settings and middle-income countries.

**The Review sets out important recommendations** to evolve governance, strengthen data-driven decision-making, and focus collective action on reaching zero-dose children, reducing outbreaks, and increasing coverage—while proactively preparing for the future of immunization beyond 2030.

*[Excerpt from MTR Report]*

#### **"MID-TERM REVIEW ON A PAGE"**

##### **FINDINGS**

**:: The vision and strategic priorities of IA2030 remain as relevant as ever.** Though developed before the COVID-19 pandemic, IA2030's vision and strategic priorities remain highly relevant and comprehensive and should continue to guide global immunization efforts despite ongoing challenges.

**:: The global landscape has shifted significantly since 2021, and will continue to evolve, adding further pressure on immunization systems.** Megatrends such as geopolitical instability, shifting demographics and population ageing, climate change, and increasing financial constraints add pressures on countries and partners, forcing all stakeholders to navigate complex trade-offs and competing priorities within a constrained set of resources.

**:: While immunization has proven enormous impact over decades, progress is now stalling.** Between 1974 and 2024, immunization saved an estimated 154 million lives,<sup>2</sup> and the COVID-19 vaccines saved millions more. However, most IA2030 indicators are advancing too slowly to achieve the 2030 targets set by the strategy.

**:: The IA2030 governance model requires significant adaptation to fit the changing context.** While IA2030 structures enabled broad engagement, ways of working must shift from top-down global models to put regions and countries at the center of strategic decision-making and enable local ownership of immunization programs.

TABLE 2  
Status of IA2030 Impact Goal indicators

Impact Goal	Indicator	2030 target	2024 Progress towards 2030 target <sup>39</sup>
<b>01</b> <b>PREVENT DISEASE</b> 	<b>1.1</b> Number of future deaths averted through immunization	<b>50 million</b> future deaths averted by immunization in 2021-2030 <sup>40</sup>	<b>OFF-TRACK</b> 4.3 million future deaths averted in 2024, 9.1% below 2024 target
	<b>1.2</b> Number and proportion of countries achieving regional or global VPD control, elimination, and eradication targets	<b>All countries</b> achieve targets Eradication target for polio (WPV) and elimination targets for measles, rubella, and maternal and neonatal tetanus (MNT).	<b>OFF-TRACK</b> 89 countries have achieved eradication and elimination targets, 55 fewer than the 2024 target
	<b>1.3</b> Number of large or disruptive VPD outbreaks	<b>Declining trend</b> in the annual number of large or disruptive VPD outbreaks	<b>OFF-TRACK</b> 105 large or disruptive outbreaks in 2024, 40% higher than at baseline
<b>02</b> <b>PROMOTE EQUITY</b> 	<b>2.1</b> Number of zero-dose children	<b>50% reduction</b> in number of zero-dose children	<b>OFF-TRACK</b> 14.3 million zero-dose children, 39% more than the 2024 target
	<b>2.2</b> Introduction of new or under-utilized vaccines in low- and middle-income countries	<b>500</b> vaccine introductions by decade's end	<b>ON-TRACK</b> 308 introductions since 2021, exceeding the 2024 target by 108
<b>03</b> <b>BUILD STRONG IMMUNIZATION PROGRAMMES</b> 	<b>3.1</b> Vaccination coverage across the life-course	<b>90% coverage</b> of full course for selected vaccines	<b>OFF-TRACK</b> 90% coverage achieved in 35.6% of vaccine-country combinations (2024 target: 71.4%)
	<b>3.2</b> UHC Service Coverage Index (SCI)	Universal Health Coverage <b>increase</b> in all countries, regions and globally	<b>N/A</b> 71 countries reported an increase in UHC-SCI score in 2021, 52 more than 2021 target

<sup>39</sup> Baseline year is 2019. Annual targets are based on simplistic assumptions, such as linear progress from baseline to 2030, so should be seen as approximate milestones providing an indication of progress to date.

<sup>40</sup> Estimates exclude deaths averted due to COVID-19 vaccination.

## **RECOMMENDATIONS**

**:: Within a challenging global context, all immunization stakeholders should recommit to the vision and goals of IA2030** with a focus on priority areas that will achieve the greatest impact over the next five years and beyond.

**:: Acknowledge the new global reality and enable countries to achieve greater ownership and sustainability in their immunization programmes.** IA2030 should proactively shape its response to wider global trends. As donor funding decreases and funding agencies commit to finite lifespans, IA2030 partners should support all regions and countries to take fuller ownership of their immunization programmes, within a sustainable and equitable health system.

**:: Stakeholders at all levels should coordinate efforts to direct limited resources to collective priorities.** Focus should be on priority areas, particularly supporting fragile, conflict and vulnerable (FCV) settings, enabling development and use of National Immunization Strategies (NIS), strengthening the use of data to inform decisionmaking and drive action at all levels, and strongly integrating of immunization in PHC and linkages with other platforms and priorities (e.g., life-course, health security). Partners note that middle-income countries (MICs) face distinct challenges requiring tailored interventions, which is a priority now being advanced through the IA2030 partnership.

**:: To support the delivery of the recommendations above, the IA2030 governance model must evolve and strengthen the use of data for action at all levels.**

:: The IA2030 Partnership Council should be reaffirmed as a global coordination and strategic forum to facilitate regional and country programmes. While countries and regions must be at the centre of IA2030 priorities and activities, IAPC should focus on 'global goods' and crosscutting themes, responding to regional needs.

:: The IA2030 Coordination Group and Secretariat should be empowered to take collective decisions and sufficiently resourced to commission and coordinate activities that accelerate priority areas of work.

:: Global standing working groups should be transitioned to time-bound, output-focused task teams in most cases. Remaining groups must be resourced, have clear outputs and be the core forum for their area of work.

:: Regional working groups should be supported to better provide tailored support to countries.

:: Monitoring efforts should be streamlined and strengthened further, particularly at national and subnational levels, by supporting countries in developing data use improvement plans and embedding performance tracking in continuous quality improvement cycles under NIS.

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## **Measles**

### **Measles deaths down 88% since 2000, but cases surge**

28 November 2025 *WHO News release*

Global immunization efforts have led to an 88% drop in measles deaths between 2000 and 2024, according to a new report from the World Health Organization (WHO). Nearly 59 million lives have been saved by the measles vaccine since 2000.

## **Weekly Epidemiological Record**

Vol. 100, No. 48, pp. 591–604 28 November 2025

<https://www.who.int/publications/journals/weekly-epidemiological-record>

:: Progress towards measles elimination – worldwide, 2000–2024

However, an estimated 95 000 people, mostly children younger than 5 years of age, died due to measles in 2024. While this is among the lowest annual tolls recorded since 2000, every death from a disease that could be prevented with a highly effective and low-cost vaccine is unacceptable.

**Despite fewer deaths, measles cases are surging worldwide, with an estimated 11 million infections in 2024 – nearly 800 000 more than pre-pandemic levels in 2019.**

“Measles is the world's most contagious virus, and these data show once again how it will exploit any gap in our collective defences against it,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Measles does not respect borders, but when every child in every community is vaccinated against it, costly outbreaks can be avoided, lives can be saved, and this disease can be eliminated from entire nations.”

**Measles cases in 2024 increased by 86% in the WHO Eastern Mediterranean Region, 47% in the European Region, and 42% in South-East Asian Region compared with 2019. Notably, the African Region experienced a 40% decline in cases and 50% decline in deaths over this period, partly due to increasing immunization coverage.**

While recent measles surges are occurring in countries and regions where children are less likely to die due to better nutrition and access to health care, those infected remain at risk of serious, lifelong complications such as blindness, pneumonia, and encephalitis (an infection causing brain swelling and potentially brain damage).

### ***Immunization coverage insufficient to protect all communities***

**In 2024, an estimated 84% of children received their first dose of the measles vaccine, and only 76% received the second**, according to WHO/UNICEF estimates. This is a slight improvement from the previous year, with 2 million more children immunized. According to WHO guidance, at least 95% coverage with two measles vaccine doses is required to stop transmission and protect communities from outbreaks.

**More than 30 million children remained under-protected against measles in 2024. Three-quarters of them live in the African and Eastern Mediterranean regions, often in fragile, conflict-affected or vulnerable settings.**

The Immunization Agenda 2030 (IA2030) Mid-Term Review, also released today, stresses that measles is often the first disease to resurge when vaccination coverage drops. Growing measles outbreaks are exposing weaknesses in immunization programmes and health systems globally, and threatening progress towards IA2030 targets, including measles elimination.

### ***Rising number of outbreaks***

**In 2024, 59 countries reported large or disruptive measles outbreaks – nearly triple the number reported in 2021 and the highest since the onset of the COVID-19 pandemic.** All regions except the Americas had at least one country experiencing a large outbreak in 2024. The situation changed in 2025 with numerous countries in the Americas battling outbreaks...

**However, deep funding cuts affecting GMRLN and country immunization programmes are feared to widen immunity gaps and drive further outbreaks in the coming year. Securing**

**sustainable domestic financing and new partners is now a critical challenge to advancing efforts toward a world free of measles.**

***Striving for a measles-free world***

**The world's elimination goal, as laid out in IA2030, remains a distant one...**

The Region of the Americas regained measles elimination status in 2024 for the second time – the only region to ever be verified – but it lost the status again in November 2025 due to ongoing transmission in Canada...

To achieve measles elimination, strong political commitment and sustained investment is needed to ensure all children receive two doses of the measles vaccine and surveillance systems can rapidly detect outbreaks. The IA2030 Mid-Term Review calls on countries and partners to strengthen routine immunization, surveillance and rapid outbreak response capabilities, and to deliver high-quality, high-coverage campaigns when routine immunization is not yet sufficient to protect every child...

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**DRC**

**[Democratic Republic of the Congo launches drive to vaccinate 62 million children and adolescents against measles and rubella](#)**

27 November 2025

Lubumbashi, Democratic Republic of the Congo— **The Democratic Republic of the Congo today launched a nationwide vaccination campaign aiming to protect around 62 million children aged 6 months to 14 years against measles and rubella**, ahead of introducing the combined vaccine into the national immunization schedule. The single measles vaccine will be replaced by the combined measles-rubella (MR) vaccine in routine immunization, while the catch-up campaign will help close immunity gaps among children and adolescents for both diseases.

**...The switch from the single measles vaccine to MR vaccines is supported by several partners, including Gavi, the Vaccine Alliance, the Gates Foundation, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United States Centers for Disease Control and Prevention (US CDC),** working together to ensure no child is left behind in efforts to eliminate these two highly contagious diseases.

**The Democratic Republic of the Congo has reported repeated measles outbreaks,** highlighting the urgency of this initiative. More than 7 million children under five years of age are currently at risk. In addition to closing immunity gaps caused by low routine coverage and repeated outbreaks, introducing the MR vaccine will also help reduce the burden of Congenital Rubella Syndrome and is expected to put the country on track toward measles and rubella elimination...

**The Democratic Republic of the Congo has faced significant challenges in routine immunization and disease control,** with coverage for key antigens still below global targets, leaving millions of children vulnerable to vaccine-preventable diseases. The introduction of the combined measles-rubella vaccine represents a critical opportunity to reduce the number of vulnerable children and protect communities against two highly contagious and deadly diseases.

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## West Africa

### HIGH-LEVEL COMMITMENT TO VACCINATION AND PRIMARY HEALTH CARE (PHC) TRANSFORMATION IN WEST AFRICA

DAKAR, SENEGAL – OCTOBER 19, 2025

#### **PREAMBLE**

We, the Ministers of Health and Finance of the Member States of West Africa, gathered in Dakar, Senegal, from October 17 to 19, 2025, for the High-Level Regional Forum on Vaccination in West Africa,

In the presence of representatives of the African Union Commission, the Africa Centers for Disease Control and Prevention (Africa CDC), Gavi, the Vaccine Alliance partners, research institutions, the private sector, civil society, and communities,

- **Considering the African Union's Agenda 2063**, which calls on African States to build resilient and sovereign health systems capable of ensuring universal and equitable health coverage;
- **Considering the Abuja Declaration**, which commits states to allocate at least 15% of their national budgets to public health;
- **Considering the Addis Ababa Declaration on Immunization**, which calls for immunization to be made a political priority at the highest level;
- **Considering the Abidjan Declaration**, which supports increased mobilization of domestic resources to strengthen national immunization programs;
- **Considering the Astana Declaration**, which reaffirms and reinforces the Alma-Ata Declaration, recognising the fundamental role of primary health care in achieving health for all.

#### **REAFFIRM our collective commitment to ensuring universal access to immunization and primary health care (PHC) as the corner stone of African health sovereignty and Universal Health Coverage (UHC);**

#### **Whereas:**

- Vaccination is an essential component of primary health care, as it constitutes a fundamental preventive intervention that protects individuals and communities against vaccine-preventable diseases;
- vaccination saves millions of lives each year and represents the most cost-effective investment in public health, as well as an essential pillar of human and economic development,
- **vaccination coverage remains stagnant in several countries across the region, with 27 countries funding less than 50% of their immunization programs.** However, 12 countries have already increased domestic spending on immunization in 2025, therefore illustrating positive regional momentum towards greater vaccine self-reliance;
- Progress has been made in vaccination, but that we also recognize the persistent challenges such as under-vaccination, dependence on external funding, inequalities in access, and fragmentation of services;
- The deadlines for global and regional commitments—notably the Addis Declaration and the 2030 Agenda for Vaccination—are approaching, against a backdrop of declining Official Development Assistance (ODA) and rising debt servicing costs.
- **The Forum was held amid the resurgence of vaccine-preventable diseases and a gradual decline in official development assistance.**
- **These challenges underscore the urgent need to strengthen political leadership, integrated budget planning, and domestic resource mobilization for public health.**

INSPIRED by the New Public Health Order for Africa and the Primary Health Care Transformation led by Africa CDC,



**WE COMMIT to strengthening the governance, financing, and performance of health systems,** so as to make sure that every child is protected, every community is well served, and every country takes responsibility for its own health.

### ***I. POLITICAL AND INSTITUTIONAL COMMITMENTS***

1. Make immunization and primary health care (PHC) national strategic priorities integrated into development plans and budgets.
2. Institutionalize joint dialogue between ministries of health and finance to ensure coordinated planning, predictable resource allocation, and mutual accountability.
3. Align national policies with continental and regional frameworks, including Africa CDC's Primary Health Care Transformation Agenda and the African Strategy for Health Security and Universal Health Coverage (UHC).
4. Articulate national plans around the six pillars of the Continental Immunization Strategy developed by Africa CDC.
5. Strengthen decentralized and community-based governance by ensuring the active participation of local authorities, community organizations, and civil society in planning, implementation, and monitoring.

### ***II. FINANCIAL COMMITMENTS***

**6. Significantly increase the share of domestic funding allocated to Primary Health Care (including immunization), with the goal of reaching at least 50% of national health funding allocated to PHC by 2030.**

7. Develop and implement innovative and sustainable financing mechanisms, such as solidarity taxes, public-private partnerships, and sovereign health funds.

**8. Strengthen budget predictability by including primary health care programs (including immunization) into Medium-Term Expenditure Frameworks (MTEFs).**

9. Mobilize national and regional resources, ensuring that every dollar invested in PHC is recognized as an investment in human capital and economic productivity, underpinned by efficiency in resource allocation, and good governance and transparency in the management of health funding.

### ***III. PROGRAMMATIC COMMITMENTS***

**10. Strengthen the operational integration of immunization into primary health care** to ensure integrated, equitable, and community-centered service delivery.

**11. Halve by 2030 the number of zero-dose children,** while catching up the under-vaccinated through community-based, digital, and multisectoral approaches.

12. Strengthen the capacity of health personnel, particularly community health workers, who are responsible for delivering services at the last mile.

**13. Leverage operational innovations implemented in the region, including:**

- the use of multi-purpose mobile teams to reach zero-dose children in fragile and cross-border areas;
- the implementation of electronic registries and digital systems for tracking vaccinated children;
- the use of geolocation tools and mobile technology to strengthen coverage in rural and nomadic areas;
- collaborating across sectors with religious leaders, local authorities, and civil society to increase community confidence and demand for vaccination.
- as levers to reach unvaccinated children and strengthen the continuity of vaccination services integrated into primary health care.

14. Promote digital transformation to improve quality data management, epidemiological surveillance, and vaccine traceability.

### ***IV. COMMITMENTS TO HEALTH SOVEREIGNTY***



**15. Support the development and scale-up of local vaccine manufacturing** while capitalizing on the Africa CDC's Platform for the Harmonization of African Medical Product Manufacturing and seizing opportunities from the Africa Vaccine Production Accelerator (AVMA) initiative, a GAVI alliance initiative to strengthen Africa's sovereignty in vaccine production.

**16. Promote a regional mechanism for pooled vaccine procurement among West African countries**, aligned with national legal frameworks and existing mechanisms (e.g. Africa CDC APPM; UNICEF), under the coordination of Africa CDC and the African Union with the support of the GAVI Alliance.

**17. Encourage the pooling of regional scientific and industrial capacities, and the creation of Centers of Excellence for vaccine research, regulation, and innovation.**

18. Strengthen regional regulatory and scientific capacity to ensure the quality, safety, and efficacy of vaccines produced on the continent.

19. Promote South-South and North-South partnerships for technology transfer, training, and investment in vaccine production and logistics infrastructure.

#### ***V. COMMITMENTS ON ACCOUNTABILITY AND MONITORING***

20. Adopt a regional monitoring and accountability mechanism, jointly coordinated by Africa CDC with the support of technical and financial partners, to assess progress on Dakar commitments.

21. Publish an annual regional report on the financing and performance of PHC, including immunization, to ensure transparency and build public confidence.

22. Promote the exchange of experiences and best practices among countries to accelerate the implementation of commitments.

#### ***VI. CALL FOR AFRICAN SOLIDARITY***

We call for renewed continental and regional mobilization, under the leadership of the African Union and Africa CDC, **to make vaccination and primary health care, the pillars of African health sovereignty.**

We commend the leadership of Senegal and the vision of His Excellency President Bassirou Diomaye Diakhary Faye for making Dakar the capital of African health solidarity.

We invite the international community, financial institutions, the private sector, and the African diaspora to co-invest in the Africa's health, building a continent that finances, produces, and protects its own health.

#### ***VII. CONCLUSION***

From Dakar, we're sending forth a message of unity and responsibility:

*"Protect every child, transform our systems, build our sovereignty."*

We, the signatories of the Dakar Communiqué, commit to translating these principles into measurable actions, sustainable investments, and tangible results for our populations.

*Signatories:*

The Ministers of Health and Finance of the Member States of West Africa  
African Union Commission  
Africa CDC  
Civil society and communities



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## Malaria

### **Gavi and UNICEF announce equitable pricing deal for malaria vaccine to protect 7 million more children by end of decade**

- *Deal secures more accessible future price per dose, resulting in savings of up to US\$90 million.*
- *Savings expected to help secure 30 million additional doses, protecting up to 7 million more children with malaria vaccine.*
- *Agreement executed by UNICEF is financially backed by Gavi and made possible through innovative financing tool IFFIm.*

Geneva/New York/Copenhagen, 24 November 2025 – Gavi, the Vaccine Alliance and UNICEF today announced a **new agreement that will make the R21/Matrix-M™ malaria vaccines significantly more accessible and affordable**, paving the way to protect more children from one of the world's deadliest diseases.

**The deal, backed by Gavi and executed by UNICEF, is expected to generate up to US\$ 90 million in savings for Gavi and countries, equivalent to more than 30 million additional doses** – enabling the full vaccination of nearly 7 million more children against malaria over the next five years. The deal is financed by Gavi through an advance payment enabled by the innovative International Finance Facility for Immunisation (IFFIm) mechanism.

**The lower price of the vaccine – at US\$ 2.99 per dose – is anticipated to take effect in approximately one year.** The deal reflects a shared commitment by Gavi and UNICEF to shape a sustainable, competitive malaria vaccine market and to meet the Alliance's target to fully vaccinate 50 million more children against malaria by 2030. The agreement follows a commitment at Gavi's June 2025 pledging summit in Brussels to lower vaccine costs and expand access...

This milestone was made possible **thanks to IFFIm, Gavi's innovative financing engine. By transforming long-term donor pledges into immediate cash, IFFIm gives the Alliance the agility to act fast when opportunities arise – such as securing equitable pricing for malaria vaccines.** Since its inception, IFFIm has mobilized billions to accelerate immunization, proving that smart financial tools can deliver life-saving impact at scale.

"IFFIm exists to turn ambition into action. This agreement shows how financial innovation can unlock opportunities that save lives. By enabling Gavi to move quickly, we're not just funding vaccines – we're helping fight malaria and create a future where every child has a fair chance at protection," said Ken Lay, Chair of the Board of Directors, IFFIm.

**In 2023, there were an estimated 263 million malaria cases and 597,000 deaths globally, 11 million more cases than the previous year. About 95% of deaths – mainly in children under five – occurred in the African Region**, where many still lack access to basic prevention and treatment. In many high-burden countries, the disease makes up the largest share of hospital consultations, representing a high cost to families and health systems. The World Health Organization estimates that treating an uncomplicated case in sub-Saharan Africa costs US\$4-7 per outpatient visit, while severe cases requiring hospital care can exceed US\$70.

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## Polio – PHEIC

**Polio this week** [(26) November 2025]

*Headlines [Selected]*

### :: **Indonesia announces closure of outbreak**

Indonesia has officially ended its outbreak of poliovirus type 2, which arose from years of low polio immunization coverage. Nearly 60 million additional doses of polio vaccine were administered to children during the response. [More](#).

### :: **Three facilities holding poliovirus achieve full containment certification**

As of November 2025, three facilities – in Belgium, Denmark, and the Republic of Korea – have reached the highest level of biorisk management certification for handling polioviruses. These are the first globally to earn a Certificate of Containment (CC) under WHO's rigorous standards, ensuring that poliovirus materials are stored and managed with the utmost care. [More](#).

### ***Summary of new polioviruses this week:***

:: Pakistan: three WPV1-positive environmental samples

:: Angola: two cVDPV2 cases

:: Namibia: one cVDPV2-positive environmental sample

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### ***Contents [click to move among sections]***

:: [Milestones, Perspectives](#)

:: [WHO](#)

:: [U.S. Immunization and Public Health Governance/Policy/Funding](#)

:: [Organization Announcements](#)

:: [Journal Watch](#)

:: [Pre-Print Servers](#)

:: [Think Tanks](#)

:: [Public Consultations/Call for Inputs/Call for Papers](#)

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## **WHO & Regional Offices** [29 Nov 2025]

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

*Selected News/Announcements/Statements*

28 November 2025 *News release*

### **Measles deaths down 88% since 2000, but cases surge**

26 November 2025 *Departmental update*

### **WHO releases policy brief on priority setting in TB programme planning**

The World Health Organization (WHO) has released a [new policy brief](#) to support national TB programmes in setting priorities and allocating resources based on strategic, evidence-informed and people-centred approaches aimed at accelerating progress towards ending the TB epidemic. The brief introduces a structured approach to priority setting, emphasizing transparency, inclusion, evidence-based decision-making, and accountability as key principles for effective and equitable TB programme planning.

The new brief also outlines strategies to mitigate the impact of unexpected funding shortfalls, including improving efficiency, integrating TB care within primary health care-oriented health systems, and safeguarding high-impact, life-saving interventions...

24 November 2025 *Departmental update*

### **WHO launches new framework to tackle drug resistance to HIV, hepatitis B and C, and STIs**

The World Health Organization (WHO) has released the Integrated drug resistance action framework for HIV, hepatitis B and C and sexually transmitted infections, 2026–2030, a landmark roadmap to address the growing threat of drug resistance and safeguard progress toward ending AIDS and the epidemics of hepatitis B, hepatitis C and sexually transmitted infections (STIs) as public health concerns...

The Framework outlines 5 strategic areas of work: prevention and response; monitoring and surveillance; research and innovation; laboratory capacity; and governance and enabling mechanisms. It emphasizes antimicrobial stewardship, stronger surveillance systems, and equitable access to high-quality prevention, diagnosis and treatment services for HIV, hepatitis B and C and STIs...

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### **WHO Vaccines and Immunization [IVB]**

[https://www.who.int/health-topics/vaccines-and-immunization#tab=tab\\_1](https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1)

*News*

*No new digest content identified.*

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### **WHO Regional Offices**

*Selected Press Releases, Announcements*

#### **WHO African Region AFRO**

:: 27 November 2025

#### **Democratic Republic of the Congo launches drive to vaccinate 62 million children and adolescents against measles and rubella**

:: 26 November 2025

#### **Countries, experts agree on 10-year Africa health workforce agenda**

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

:: 28 Nov 2025

#### **Early HIV diagnosis could reduce AIDS-related deaths in Latin America and the Caribbean: PAHO**

One-third of people living with HIV are diagnosed late, often with advanced HIV disease. Ahead of World AIDS Day 2025, PAHO calls for expanded access to testing, treatment, and prevention across the region. Washington, D.C., 28 November 2025 (PAHO) – The Pan American Health Organization (PAHO) urges countries of the Americas to strengthen their...

:: 25 Nov 2025

#### **PAHO: Avian influenza A(H5N1) continues circulation in the Americas**

Washington, D.C., November 25, 2025 (PAHO) – The Pan American Health Organization (PAHO) reported that avian influenza A(H5N1) continues to circulate in the Americas, with new outbreaks detected in birds, mammals, and sporadic human infections linked to exposure to the virus. Clade 2.3.4.4b—the region’s predominant strain since 2021—continues to...

:: 25 Nov 2025

#### **Brazil signs agreement with PAHO to update vaccines through the Revolving Funds**

São Paulo, November 25, 2025 (PAHO) – Brazil’s Ministry of Health and the Pan American Health

Organization (PAHO) have signed an agreement for the acquisition of updated vaccines through PAHO's Regional Revolving Funds, a regional pooled procurement mechanism that enables purchases of health supplies at competitive prices. The signing took place...

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

*No new digest content identified.*

### **WHO European Region EURO**

:: 27 November 2025 *News release*

[Europe's hidden HIV crisis](#)

:: 25 November 2025 *News release*

[Influenza season underway across the WHO European Region: WHO calls for vigilance and vaccination](#)

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

:: [Egypt and WHO enhance national surveillance for acute respiratory infections](#)

23 November 2025

### **WHO Western Pacific Region**

*No new digest content identified.*

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### **WHO - Emergency situation reports**

*Latest WHO official reports for emergency situations. Latest WHO official reports for emergency situations.*

26 November 2025

[Multi-country outbreak of cholera, external situation report #32 -26 November 2025](#)

24 November 2025

[Public Health Situation Analysis - South Sudan](#)

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### **Disease Outbreak News (DONs)**

*Latest WHO Disease Outbreak News (DONs), providing information on confirmed acute public health events or potential events of concern.*

*No new digest content identified.*

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### **Weekly Epidemiological Record**

Vol. 100, No. 48, pp. 591–604 28 November 2025

<https://www.who.int/publications/journals/weekly-epidemiological-record>

:: Progress towards measles elimination – worldwide, 2000–2024

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### **New WHO Publications**

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

*Selected*

28 November 2025

**[Health risks of air pollution in Europe: HRAPIE-2 project: updated guidance on concentration–response...](#)**

28 November 2025

**[Guideline for the prevention, diagnosis and treatment of infertility](#)**

28 November 2025

**[Guideline for the prevention, diagnosis and treatment of infertility: summary of recommendations](#)**

27 November 2025

**[Estimation of background rates of adverse events of special interest in neonatal outcomes: preterm births,...](#)**

27 November 2025

**[Public health intelligence competency framework](#)**

*Overview*

Rapid identification of and response to health threats are critical for global health security. Recent major public health events have underscored the need to define essential public health intelligence (PHI) competencies to mitigate effects of such events and support countries to meet health regulation mandates. To address this need, the World Health Organization, in collaboration with global partners, has created the Public health intelligence competency framework, which aims to standardize core elements and competencies of the PHI workforce.

26 November 2025

**[Public health intelligence curriculum](#)**

Handbook

*Overview*

Rapid identification of and response to health threats are critical for global health security. Recent major public health events have underscored the need to define essential public health intelligence (PHI) competencies to mitigate effects of such events and support countries to meet health regulation mandates. To address this need, the World Health Organization, in collaboration with global partners, has the Public health intelligence competency framework and Public health intelligence curriculum. The Framework aims to standardize the core elements and essential competencies of the PHI workforce.

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**Africa**

**Africa CDC** [29 Nov 2025]

<https://africacdc.org/>

*Press Releases, Statements [Selected]*

**[COMMUNIQUÉ: High-Level Commitment to Vaccination and Primary Health Care \(PHC\) Transformation in West Africa](#)**

29 November 2025

PDF: <https://africacdc.org/wp-content/uploads/2025/11/Communique-Vaccination-and-Primary-Health-Care-PHC-Transformation-in-West-Africa.pdf>

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## China – CDC+

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

### National Health Commission of the People's Republic of China [29 Nov 2025]

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

News

*No new digest content identified.*

### National Medical Products Administration – PRC [29 Nov 2025]

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

News

*No new digest content identified.*

## China CDC

### CCDC Weekly Reports: Current Volume (7)

#### 2025-11-28 / No. 48 WORLD AIDS DAY ISSUE

[PDF of this issue](#)

- [Vital Surveillances: Trends in Bidirectional Screening and Treatment Outcomes for Tuberculosis/HIV Comorbidity — China, 2020–2024](#)
- [Preplanned Studies: A Volunteer-Based Social Network Strategy to Promote HIV Testing Among MSM Aged 50 and Above — Tianjin Municipality, China, 2021–2024](#)
- [Preplanned Studies: HIV Prevention Cascade and PrEP/PEP Implementation Gaps Among High-Risk University Students — Sichuan Province, China, 2022–2023](#)
- [Notifiable Infectious Diseases Reports: Reported Cases and Deaths of National Notifiable Infectious Diseases — China, September 2025\\*](#)

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## Europe

### European Centre for Disease Prevention and Control

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

[News/Updates/Reports/Publications \[Selected\]](#)

#### [ECDC updates its key facts on vaccine effectiveness and safety and how vaccines used in the EU are evaluated](#)

27 Nov 2025

Vaccines are one of the most successful and cost-effective public health interventions. Thanks to global immunisation efforts, an estimated 154 million lives have been saved, including 146 million among children younger than five years old in the last fifty years.

ECDC has updated its key facts on the value, effectiveness and safety of vaccines, explaining how vaccines used in the EU are evaluated in a transparent way and independently from commercial interests. The evidence of how vaccines contribute to the prevention of serious diseases in the population is also laid out.

#### [Europe's hidden HIV crisis - Half of all people living with HIV in Europe are diagnosed late, threatening to undermine the fight against AIDS](#)

27 Nov 2025

Europe is failing to test and treat HIV early, with over half (54%) of all diagnoses in 2024 being made too late for optimal treatment. New data released today by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe warns that this critical testing



failure, combined with a growing number of undiagnosed cases, is severely jeopardising the 2030 goal of ending AIDS as a public health threat.

#### **Joint ECDC-WHO/Europe mpox surveillance bulletin**

26 Nov 2025

#### **Widespread avian influenza in birds increases risk of human exposure**

25 Nov 2025

This autumn has seen an unprecedented surge in detections of highly pathogenic avian influenza A(H5N1) virus in wild birds, accompanied by many recent outbreaks in domestic poultry across affected areas of the EU/EEA.

#### **European Medicines Agency [EMA]**

<https://www.ema.europa.eu/en/news>

*News & Press Releases*

#### **Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 24 - 27 November 2025**

PRAC carried out its broad range of responsibilities for managing the risks associated with medicine use

28 November 2025

#### **Call for expressions of interest for civil society representatives to participate in the work of EMA's Paediatric Committee**

Three members and alternates representing healthcare professionals and three members and alternates representing patients' associations will be appointed

27 November 2025

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#### **India**

#### **National Centre for Disease Control**

*Directorate General of Health Services, Ministry of Health & Family Welfare*

*Announcements*

*No new digest content identified.*

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#### **U.S. Immunization and Public Health Governance/Policy/Funding**

*Given the continuing extraordinary situation in the U.S., we have established a separate section of the digest to capture and organize key content. Please note that we will selectively include external analysis and comment, indenting this content under the relevant organization/action. We recognize that despite the volume of content in this section, this summary is indicative and not exhaustive.*

#### **White House, HHS, FDA, CDC+**

#### **White House**

*Presidential Actions – Executive Orders; Memoranda; Proclamations*

*No new digest content identified.*

## Department of State

*Press Releases - Selected*

### **Advancing the America First Global Health Strategy and Promoting American Innovation through a Partnership with the Zipline Drone Delivery Network**

*Media Note Office of the Spokesperson November 25, 2025*

Today, the Department of State announced an agreement to provide up to \$150 million to Zipline International Inc. to expand access to life-saving medical supplies, including blood and medicines, reaching as many as 15,000 health facilities across Côte d'Ivoire, Ghana, Kenya, Nigeria, and Rwanda. The Department of State is supporting Zipline's American-made advanced robotics, providing people in rural areas who face slow and unreliable logistics with the life-saving medical products they want.

The Trump Administration, in partnership with U.S. and African innovators and policymakers, is advancing cutting-edge technologies that are strengthening health outcomes and enhancing emergency responses to infectious disease outbreaks. This collaboration makes America more prosperous by creating jobs in America and across Africa, and safer by preventing the spread of infectious diseases.

This innovative and results-driven initiative signals a new era of diplomacy; one that uses American expertise to drive progress on global health foreign policy goals and economic development through private-public sector collaboration. Through this landmark partnership, this administration is leveraging artificial intelligence, robotics, and autonomous logistics to improve health outcomes.

This public-private sector strategy uses milestone-based payments and co-financing commitments with partner governments to ensure sustainability and recipient government participation, strengthening resilient and durable health systems across Africa, in line with the America First Global Health Strategy...

## HHS

*Press Room - Selected*

### **HHS Announces Five New Agency Leaders to Advance MAHA Goals**

November 24, 2025 *Press Release*

## NIH [to 29 Nov 2025]

<http://www.nih.gov/>

*News Releases*

*No new digest content identified.*

## FDA

*Press Announcements - Selected*

*FDA News Release*

*No new digest content identified.*

### **Blaming some child deaths on covid shots, FDA vows stricter vaccine rules**

*Vinay Prasad, the nation's top vaccine regulator, said his team concluded that coronavirus shots were linked to children's deaths, necessitating a new approach.*

***Washington Post***, 29 November 2025 [paywall]

By Dan Diamond and Rachel Roubein<sup>[P]<sub>SEP</sub></sup>

The nation's top vaccine regulator on Friday laid out a stricter approach for federal vaccine approvals, citing his team's conclusion, without detailing the evidence, that coronavirus vaccines had contributed to the deaths of at least 10 children, according to an internal Food and Drug Administration email obtained by The Washington Post.

Vinay Prasad, an FDA official whose approach to vaccine policy has been championed by Health Secretary Robert F. Kennedy Jr., told agency officials that the FDA will rethink its framework for annual flu shots, examine whether Americans should be receiving multiple vaccines at the same time and require vaccine makers to show far more data to prove the

safety and value of their products. For instance, Prasad said that pneumonia vaccine makers must demonstrate that their products reduce pneumonia, at least after they become available in the market, rather than just generate antibodies to fight infections.

Prasad also wrote that the new approach means the agency will have strict requirements for authorizing new vaccines for pregnant women. He concluded his lengthy email by maintaining that he was open-minded about next steps.

"I remain open to vigorous discussions and debate," Prasad wrote to his team, adding that staff who did not agree with the core principles of his new approach should submit their resignations.

Collectively, Prasad's plans would transform the FDA's decades-old process of approving vaccines by compelling pharmaceutical companies to run far larger studies, probably slowing them down, said current and former agency staff and outside public health experts, some of whom spoke on the condition of anonymity to discuss internal FDA operations or comment on a developing situation. The approach could also have a chilling effect on the development of novel vaccines, because manufacturers will need to undertake sweeping new studies when seeking most new approvals — even for expanding the population who can get the shot, they said. They also cautioned that the full implications are difficult to understand based on a single email that did not offer a detailed accounting of how the changes would be enacted...

#### **FDA CBER**

*What's New for Biologics*

*No new digest content identified.*

#### **FDA VRBPAC [Vaccines and Related Biological Products Advisory Committee]**

*Advisory Committee Calendar*

*No future meetings posted.*

#### **FDA Pediatric Advisory Committee Meeting**

*Advisory Committee Calendar*

*No future meetings posted.*

#### **CDC**

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

*Latest News - Selected*

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

The *Autism and Vaccines* link just below opens to a CDC webpage which has been amended to assert that the "Vaccines do not cause Autism" lead "is not an evidenced-based claim", that "studies supporting a link have been ignored by health authorities" and that HHS has launched a comprehensive assessment of the causes of autism. These changes – reportedly made at the direction of HHS Secretary Kennedy – have triggered a range of vigorous responses as captured and indented below.

#### **Autism and Vaccines** *[CDC website]*

*Questions and Concerns*

Nov. 19, 2025

#### ***Vaccines do not cause Autism\****

*\* The header "Vaccines do not cause autism" has not been removed due to an agreement with the chair of the U.S. Senate Health, Education, Labor, and Pensions Committee that it would remain on the CDC website.*

#### **Statement on CDC's Changes to Guidance on Vaccines and Autism**

National Academies-Sciences-Engineering-Medicine [NASEM]-

November 23, 2025

The Centers for Disease Control and Prevention (CDC) this week cited some of our work in new guidance related to vaccines and autism. However, the citations do not provide the greater context of the full body of work on vaccine safety that is essential for informed debate about this topic. It is important to point out that the 2012 Institute of Medicine report assessing adverse effects of vaccines and cited by the CDC, found that very few health problems are caused by or clearly associated with vaccines. Further, based on our body of work on this topic and the overwhelming scientific consensus, we support the statement that vaccines do not cause autism.

There is a substantial body of work, including expert reports from the National Academies, dating back decades analyzing data and providing guidance on the important question of childhood vaccine safety. That work has affirmed that childhood vaccines are safe for the general population with long-established benefits of preventing illness and averting death. The presidents of the National Academies have repeatedly issued statements\* that call for application of scientific studies and public communications surrounding the safety and individual and public health benefits of childhood vaccination.

It is essential for the health and well-being of American families that as scientific studies provide new evidence and insights, medical guidance shared with the public must be evidence-based, clear, and complete.

*Marcia McNutt*

*President, National Academy of Sciences*

*Victor J. Dzau*

*President, National Academy of Medicine*

### **NFID-Led Joint Letter Urges Evidence-Based CDC Guidance**

November 26, 2025

In response to the recent Centers for Disease Control and Prevention (CDC) webpage linking vaccines and autism, the National Foundation for Infectious Diseases (NFID) led a joint letter to the Senate HELP Committee urging evidence-based CDC communications. This effort reflects the NFID mission to ensure the public receives accurate, science-based information and highlights the need for strong scientific review to maintain trust in public health guidance.

November 26, 2025

The Honorable Bill Cassidy

Chair

Senate Committee on Health, Education, Labor, and Pensions

United States Senate

Washington, DC 20510

The Honorable Bernie Sanders

Ranking Member

Senate Committee on Health, Education, Labor, and Pensions

United States Senate

Washington, DC 20510

Dear Chairman Cassidy and Ranking Member Sanders,

We, the undersigned organizations, are deeply concerned by recent federal public health communications that conflict with the scientific consensus that vaccines do not cause autism spectrum disorder, particularly when such information guides decisions affecting the health of families and communities.

On November 19, 2025, the Centers for Disease Control and Prevention (CDC) website was updated to include a post suggesting a possible link between vaccines and autism. In the days

since, leading US scientific and medical institutions—as well as international bodies such as the European Medicines Agency—have reiterated the well-established evidence that there is no credible causal relationship between vaccines and autism. Despite this, the webpage remains publicly available.

The posting of information on a federal public health website that contradicts established, evidence-based scientific consensus is alarming. At a moment when vaccine-preventable diseases including measles are resurging and the US is entering what may be a severe respiratory season, with public confidence already fragile, statements like this will have real and harmful consequences for public health.

This moment highlights the importance of clear, accurate, and evidence-based public communications from federal health agencies. Strong internal scientific review processes are critical to maintaining public trust—especially for parents and caregivers making decisions about their children’s health. CDC’s public guidance, including website content, should be informed and led by professionals with relevant scientific and medical expertise.

For decades, CDC has served as the nation’s leading source of public health guidance, supported by dedicated career scientists and public health professionals whose work has been essential to the health of families and communities. With respect for CDC’s long-standing mission, we urge that this webpage be updated to accurately reflect the current scientific consensus that there is no causal relationship between vaccines and autism.

We also ask the US Senate Committee on Health, Education, Labor, and Pensions (HELP), in its oversight role, to ensure CDC and other federal science agencies uphold their critically important evidence-based communication practices.

We remain committed to supporting CDC in its mission to ensure that federal public health guidance remains clear and grounded in science, and we thank you for your leadership and service.

*Sincerely,*

Alliance for Aging Research  
American Academy of Neurology  
American Association of Immunologists  
American College of Obstetricians and Gynecologists  
American College of Nurse-Midwives  
American College of Preventive Medicine  
American Families for Vaccines  
American Geriatrics Society  
American Institute of Biological Sciences  
American Lung Association  
American Pharmacists Association  
American Society for Microbiology  
American Society Meningitis Prevention  
American Society of Health-System Pharmacists  
American Society of Tropical Medicine and Hygiene  
Arkansas Immunization Action Coalition (Immunize Arkansas)  
ASCPT  
Association for Professionals in Infection Control and Epidemiology (APIC)  
Big Cities Health Coalition  
California Immunization Coalition  
ColoVAX  
Families Fighting Flu  
Gerontological Society of America  
Harris County Public Health  
Idaho Immunization Coalition  
Illinois Public Health Association  
Immunization Coalition of Delaware

Immunize Colorado  
Immunize Kansas Coalition  
Immunize Oregon  
Infectious Diseases Society of America  
Langlade Co Immunization Coalition  
Louisiana Families for Vaccines  
Mississippi Chapter of the American Academy of Pediatrics  
Mississippi Immunization Coalition  
Montana Families for Vaccines  
National Association of Pediatric Nurse Practitioners  
National Foundation for Infectious Diseases  
National Viral Hepatitis Roundtable (NVHR)  
Nurses Who Vaccinate  
Oklahoma Alliance for Healthy Families  
Pediatric Infectious Diseases Society  
Pennsylvania Immunization Coalition  
Population Association of America  
Research!America  
Society for Healthcare Epidemiology of America (SHEA)  
Society of Infectious Diseases Pharmacists (SIDP)  
South Dakota Families for Vaccines  
Tennessee Families for Vaccines  
The Arizona Partnership for Immunization  
The Immunization Partnership  
The JAMIE Group  
The Society for Research in Child Development (SRCD)  
The Task Force for Global Health

## **Statement from Leading Medical, Health and Patient Advocacy Groups on CDC Autism Website Changes**

November 20, 2025

Our organizations, representing autistic individuals, their families, medical professionals and public health workers, are alarmed that the Centers for Disease Control and Prevention is promoting the outdated, disproven idea that vaccines cause autism.

Medical researchers across the globe have spent more than 25 years thoroughly studying this claim. All have come to the same conclusion: Vaccines are not linked to autism.

This false rumor distracts from pressing, urgent issues in children's health. Amplifying this claim and encouraging unnecessary investigations only worsens parents' fears; it will not lead to better therapies, improved support for caregiving families, or changes in health care, education, and society in ways that would help children with autism thrive. Rather than devoting needed resources right now to support people with autism and their families in every community, our taxpayer-funded health agencies are using public resources to spread harmful rumors. Autistic people are valued members of society and, like all of us, deserve research that helps health care and other systems address genuine needs.

Today, our organizations reject this latest attempt to create fear around routine childhood immunizations. Vaccines rank among our greatest medical success stories. Thanks to vaccines, serious diseases that once made thousands sick every year and caused life-long health issues have become rare. We cannot risk losing this progress. Together, we call on the CDC to return to its long history of promoting evidence-based information in the service of protecting the health and well-being of all Americans.

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American Academy of Pediatrics  
Academic Pediatric Association  
AcademyHealth  
Alana Foundation  
American Academy of Family Physicians  
American Association of Colleges of Pharmacy  
American College of Physicians  
American Families for Vaccines  
American Medical Association  
American Pediatric Society  
American Pharmacists Association  
American Public Health Association  
America's Physician Groups  
Association for Professionals in Infection  
Control & Epidemiology  
Autism Science Foundation  
Autism Society of America  
Autistic Self Advocacy Network  
Big Cities Health Coalition  
CDC Alumni and Friends Network  
Common Health Coalition  
Defend Public Health  
Doctors for America  
EXCITE  
Families Fighting Flu  
Families USA

Gerontological Society of America  
Health Equity Community Collaborative  
Health in Partnership  
Hematology/Oncology Pharmacy Association  
Hepatitis B Foundation  
Infectious Diseases Society of America  
Johns Hopkins Bloomberg School of Public  
Health International Vaccine Access Center  
National Alliance of State Pharmacy Associations  
National Association of Pediatric Nurse  
Practitioners  
Partnership to Fight Infectious Disease  
Pediatric Infectious Diseases Society  
Public Health Foundation  
Public Health Institute  
Public Health Law Center  
Society for Adolescent Health and  
Medicine  
Society for Healthcare Epidemiology  
of America (SHEA)  
Society for Pediatric Research  
The Arc of the United States  
The Task Force for Global Health  
Trusted Messenger Program  
Vaccinate Your Family

### **CDC – Immunization Safety Office (ISO)**

<https://www.cdc.gov/vaccine-safety-systems/about/cdc-monitoring-program.html>

*No new digest content identified.*

## **ACIP**

### **2026 Meetings Schedule**

- February 25-26
- June 24-25
- October 21-22

### **Notice: Meeting of the Advisory Committee on Immunization Practices**

A Notice by the Centers for Disease Control and Prevention on 11/13/2025

**DATES: The meeting will be held on December 4, 2025, from 9:00 a.m. to 5:30 p.m., EST and December 5, 2025, from 8 a.m. to 5 p.m., EST..**

*Matters to be Considered:*

The agenda will include discussions on vaccine safety, the childhood and adolescent immunization schedule, and hepatitis B vaccines. The agenda will include updates on ACIP workgroups. **Recommendation votes may be scheduled for hepatitis B vaccines. Vaccines for Children (VFC) votes may be scheduled for hepatitis B vaccines.** Agenda items are subject to change as priorities dictate. For more information on the meeting agenda, visit <https://www.cdc.gov/acip/index.html>.

*Meeting Information:*

The meeting will be webcast live via the World Wide Web. For more information on ACIP, please visit the ACIP website <https://www.cdc.gov/acip>.

### **Draft Agenda – [posted 11/14/2025]**

*Key topics:*

- :: CDC Vaccine Risk Monitoring Evaluation
- :: Vaccine Schedule History
- :: Childhood/Adolescent Immunization Schedule
- :: Vaccine Schedule Considerations
- :: Adjuvants and Contaminants
- :: Hepatitis B Vaccine

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

ACIP meetings include a mechanism for submitting written public comments which are then posted on regulations.gov site under the relevant docket [here](#). **We note that 3,802 comments were posted as of the cutoff date of November 24, 2025.** Regulations.gov does not provide any analytics on the submissions [sources or content] or any tools to allow independent assessment beyond opening and examining each posted comment.

### **Why my colleagues and I are undertaking an independent review of the hepatitis B birth dose**

*Ahead of a CDC vaccine advisory committee meeting, assessing the evidence is paramount*

*STAT First Opinion* Nov. 26, 2025

By Michael T. Osterholm

On Dec. 4, the CDC's Advisory Committee on Immunization Practices (ACIP) is expected to vote on whether to maintain the long-standing recommendation that all medically stable newborns who meet a weight threshold receive their first dose of hepatitis B vaccine within 24 hours of birth.

Before the ACIP renders its decision on the birth dose, the University of Minnesota's Center for Infectious Disease Research and Policy Vaccine Integrity Project, which my colleagues and I founded to safeguard vaccine use in the U.S. so that it remains grounded in the best available science, will conduct a comprehensive, transparent



synthesis of the decades of data on it: its safety, its effectiveness, and its public health impact. We are doing this to ensure the scientific evidence is on the record, unfiltered and accessible to policymakers, clinicians, and the public alike.

The birth dose of the hepatitis B vaccine has, for more than three decades, served as one of the quiet triumphs of modern public health — a recommendation expectant parents can choose to protect their newborns. It has also been a target of anti-vaccine advocates.

Since universal vaccination at birth was introduced in 1991, infant hepatitis B virus (HBV) infections have been nearly eliminated, and pediatric HBV infections in the United States have dropped by at least 90%. A 2024 CDC study looking at children born between 1994 and 2023 indicated that vaccination against HBV had prevented more than 6 million hepatitis B infections and nearly 1 million hepatitis B-related hospitalizations in the U.S...

### **MMWR Weekly**

<https://www.cdc.gov/mmwr/index2025.html>

**November 27, 2025 / No. 38**

[PDF of this issue](#)

*No new digest content identified.*

***[First edition since September 25, 2025 / No. 36]***

### **National Vaccine Program Committee (NVAC)**

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

*Upcoming Meetings/Latest Updates*

***No 2025 meeting dates posted.***

### **Advisory Commission on Childhood Vaccines (ACCV)**

<https://www.hrsa.gov/advisory-committees/vaccines/meetings>

***Next ACCV Meeting – TBD [To be re-scheduled from original date January 29, 2025]***

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### **NSF**

*News*

*No new digest content identified.*

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### **U.S. Congress**

#### **House of Representatives**

*No new digest content identified.*

#### **U.S. Senate**

##### ***Senate Health, Education, Labor, and Pensions (HELP) Committee***

*No new digest content identified.*

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### **Supreme Court, Federal & Appellate Courts**

*No new digest content identified.*

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## **U.S. States**

*No new digest content identified.*

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## **U.S. Medical Societies, Health Organizations**

### **American Academy of Family Physicians (AAFP)**

<https://www.aafp.org/news/media-center.html>

(Accessed 29 Nov 2025)

*No new digest content identified.*

### **American Academy of Pediatrics (AAP)**

<https://www.aap.org/en/news-room/news-releases-from-the-aap/>

(Accessed 29 Nov 2025)

*News*

*No new digest content identified.*

### **American College of Physicians (ACP)**

<https://www.acponline.org/more-acp-news>

(Accessed 29 Nov 2025)

*ACP News*

*No new digest content identified.*

### **American Geriatrics Society (AGS)**

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

(Accessed 29 Nov 2025)

*Recent Press Releases*

*No new digest content identified.*

### **American Medical Association (AMA)**

<https://www.ama-assn.org/press-center>

(Accessed 29 Nov 2025)

*Press Center - Latest News*

*No new digest content identified.*

### **American Osteopathic Association (AOA)**

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

(Accessed 29 Nov 2025)

*Latest News*

*No new digest content identified.*

### **American Public Health Association (APHA)**

<https://www.apha.org/news-and-media/news-releases?sortFieldName=ItemDate&sortDisplayName=Newest&sortMode=desc>

(Accessed 29 Nov 2025)

*News Releases*

*No new digest content identified.*

### **Infectious Diseases Society of America (IDSA)**

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

(Accessed 29 Nov 2025)

*News releases and statements*

*No new digest content identified*

### **Massachusetts Public Health Alliance (MPHA)**

<https://mapublichealth.org/press-room/>

(Accessed 29 Nov 2025)

*Press Room*

*No new digest content identified.*

### **National Foundation for Infectious Diseases (NFID)**

<https://www.nfid.org/news-updates/>

(Accessed 29 Nov 2025)

*News and Updates*

November 26, 2025

#### **[NFID-Led Joint Letter Urges Evidence-Based CDC Guidance](#)**

The National Foundation for Infectious Diseases and more than 50 scientific and medical organizations sent the letter criticizing the CDC webpage linking vaccines and autism

November 24, 2025

#### **[There's Still Time: #GetVaccinated to Help #FightFlu](#)**

NFID and partners offer resources for National Influenza Vaccination Week, December 1-5, 2025, to raise awareness about the importance annual flu vaccination ...

### **National Medical Association (NMA)**

<https://nmanet.org/blog/>

(Accessed 29 Nov 2025)

*Latest News*

*No new digest content identified.*

### **Society for Maternal-Fetal Medicine (SMFM)**

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

(Accessed 29 Nov 2025)

*News*

*No new digest content identified.*

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## Civil Society – Individuals, Organizations, Institutions

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### Autism Science Foundation

#### [CDC's New Autism Webpage Distorts Science and Rejects Decades of Evidence on Vaccine Safety](#)

NEW YORK, NY (November 20, 2025)

We are appalled to find that the content on the CDC webpage “[Autism and Vaccines](#)” has been changed and distorted, and is now filled with anti-vaccine rhetoric and outright lies about vaccines and autism. The CDC’s previous science and evidence-based website has been replaced with misinformation and now actually contradicts the best available science. The new statement on the site that says “*“vaccines do not cause autism” is not an evidence-based claim*” shows a lack of understanding of the term “evidence”.

The science is clear that vaccines do not cause autism. No environmental factor has been better studied as a potential cause of autism than vaccines. This includes vaccine ingredients as well as the body’s response to vaccines. All this research has determined that there is no link between autism and vaccines. This is consistent across multiple studies, repeated in different countries around the world, with different individuals, at different ages including infancy, and using different model systems. In addition, we know that some biological features of autism can be found prenatally, before any vaccines are administered. For example, differences in brain structure can be seen as early as the second trimester of gestation.

“The facts don’t change because the administration does”, said Alison Singer, president of the Autism Science Foundation. At this point it’s not about doing more studies; it’s about being willing to accept what the existing study data clearly show. You can’t just ignore data because it doesn’t confirm your beliefs, but that’s what the administration is doing.”

“The CDC has always been a trustworthy source of scientifically-backed information but it appears this is no longer the case”, added Singer. “Spreading this misinformation will needlessly cause fear in parents of young children who may not be aware of the mountains of data exonerating vaccines as a cause of autism and who may withhold vaccines in response to this misinformation, putting their children at risk to contract and potentially die from vaccine preventable diseases.”

“We were right back in the 1990’s to study whether vaccines caused autism,” added ASF Chief Science Officer Dr. Alycia Halladay “because children were receiving more vaccinations and more children were being diagnosed with autism. But that work is done. We have dozens and dozens of studies, including studies of infants, and they are clear and conclusive. Vaccines don’t cause autism. If we want to find the true causes of autism we need to ask new questions”

Here’s what we know about the causes of autism:

- An overwhelming amount of evidence points to genetics. In about 15-20% of autism cases, one genetic variant can explain autism features. In other cases, there may be multiple genetic mutations interacting to cause autism.
- Autism runs in families. Siblings of a child with autism have a fifteen times greater likelihood of diagnosis, and nieces and nephews of a person with autism have a 3 times greater risk.
- Scientists are also examining how environmental factors work independently in conjunction with genes to cause autism. Environmental factors associated with autism include:
  - Being born prematurely: Children born prematurely or with extremely low birthweight have a higher probability of autism.

- Having an older parent or parents: Higher age at conception of either the mother or father or both adds to likelihood of an ASD diagnosis.
- Illness during pregnancy: Illness and fever during pregnancy can increase the likelihood that a child will be diagnosed with autism. This includes illnesses like rubella, pertussis, Covid-19, RSV, and influenza, which can be prevented by vaccines.
- Exposures during pregnancy: Exposure to some anti-epileptic drugs as well as high levels of air pollution during pregnancy have been associated with autism in offspring.
- Presence of maternal metabolic disorders: Disorders like gestational diabetes may lead to later diagnosis of autism in offspring.

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**Kaiser Family Foundation/KFF** [29 Nov 2025]

[https://www.kff.org/search/?post\\_type=press-release](https://www.kff.org/search/?post_type=press-release)

*Newsroom*

**New Trump Administration Health-Related Visa Guidance Could Impact Millions of Noncitizens**

Nov 25, 2025 *Issue Brief*

This analysis examines the share of noncitizen and citizen adults currently living in the U.S. who have one of the health conditions identified in new State Department guidance for visa screening.

**KFF Dashboard: Progress Toward Global Malaria Targets in PMI Countries**

Nov 25, 2025 *Interactive*

This dashboard monitors the status of the U.S. President's Malaria Initiative's (PMI) partner countries' progress toward global malaria targets.

**KFF Dashboard: Progress Toward Global Tuberculosis Targets in USAID TB Countries**

Nov 25, 2025 *Interactive*

This dashboard monitors the status of USAID tuberculosis (TB) priority countries' progress toward global TB targets. It includes data for more than 20 countries in which USAID's bilateral TB program currently carries out its efforts.

**KFF Dashboard: Progress Toward Global HIV Targets in PEPFAR Countries**

Nov 25, 2025 *Interactive*

This dashboard monitors progress being made to address the HIV/AIDS epidemic in countries where PEPFAR operates. It includes data for 54 countries and tracks progress against 6 different indicators.

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**Vaccine Integrity Project – CIDRAP**

<https://www.cidrap.umn.edu/vaccine-integrity-project>

*STAT First Opinion*

**Why my colleagues and I are undertaking an independent review of the hepatitis B birth dose**

*Ahead of a CDC vaccine advisory committee meeting, assessing the evidence is paramount*

By Michael T. Osterholm

Nov. 26, 2025

.....

**Paul Offit, MD – *Beyond the Noise***

Substack: <https://pauloffit.substack.com/>

*No new digest content identified.*

.....

**Pew Research Center** [29 Nov 2025]

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

*Latest Publications [Selected]*

*No new digest content identified.*

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***Contents [click to move among sections]***

:: [\*Milestones, Perspectives\*](#)

:: [\*WHO\*](#)

:: [\*Organization Announcements\*](#)

:: [\*Journal Watch\*](#)

:: [\*Pre-Print Servers\*](#)

.....

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***Organization Announcements***

**Paul G. Allen Frontiers Group** [29 Nov 2025]

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

*News*

*No new digest content identified.*

**BMGF - Gates Foundation** [29 Nov 2025]

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

*Press Releases & Statements*

*No new digest content identified.*

**CARB-X** [29 Nov 2025]

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

*News*

*No new digest content identified.*

**Chan Zuckerberg Initiative** [29 Nov 2025]

<https://chanzuckerberg.com/newsroom/>

*Newsroom*

*No new digest content identified.*

**CEPI – Coalition for Epidemic Preparedness Innovations** [29 Nov 2025]

<http://cepi.net/>

*CEPI News, Blog*

*No new digest content identified.*

**CIOMS – COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES** [to 29 Nov 2025]

<https://cioms.ch/>

*News; Publications; Events*

*No new digest content identified.*

**DARPA – Defense Advanced Research Projects Agency [U.S.]** [29 Nov 2025]

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

*News*

*No new digest content identified.*

**DNDI – Drugs for Neglected Diseases initiative** [29 Nov 2025]

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

*Press Releases*

*Press releases*

27 Nov 2025

**[International seminar explores the development of treatments for dengue for populations not covered by vaccines](#)**

Researchers and health authorities from Brazil, India, Malaysia, and Thailand gathered on 26 November in Brasília for the seminar 'Global South Cooperation in the Search for Dengue Treatments.' The event was organized by the Dengue Alliance – a coalition formed by the Drugs for Neglected Diseases initiative (DNDi), Fiocruz, the Federal University of Minas Gerais (UFMG), and health and research institutes from Malaysia, India, and Thailand – with support from the Pan American Health Organization (PAHO) and Brazil's Ministry of Health.

**Duke Global Health Innovation Center** [29 Nov 2025]

<https://dukeghic.org/>

*News*

*No new digest content identified.*

**EDCTP** [29 Nov 2025]

<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*

28 November 2025

**[MoxiMultiDoseMod: Accelerating elimination of river blindness](#)**

**Emory Vaccine Center** [29 Nov 2025]

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

*Vaccine Center News*

*No new digest content identified.*



**European Vaccine Initiative** [29 Nov 2025]

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

*News*

**Ten years of excellence: Celebrating a decade of the fellowship programme at the European Vaccine Initiative**

**Fondation Merieux** [29 Nov 2025]

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

*Actualités*

*No new digest content identified.*

**Gates Medical Research Institute** [29 Nov 2025]

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

*The Gates Medical Research Institute is a non-profit organization dedicated to the discovery, development and effective use of novel biomedical interventions addressing substantial global health concerns, for which investment incentives are limited.*

*News: Articles and Publications*

*No new digest content identified.*

**Gavi** [to 29 Nov 2025]

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

*News Releases*

28 November 2025

**Measles vaccines have contributed to dramatic reduction in cases and deaths since 2000**

26 November 2025

**Ethiopia takes a major step to prevent mother-to-child transmission of Hepatitis B virus with birth dose vaccine introduction**

Addis Ababa, Ethiopia, 25 November 2025 – Ethiopia has launched the national introduction of the Hepatitis B Birth Dose (HepB BD) vaccine, marking a major step in strengthening newborn immunization and combating the transmission of Hepatitis B virus. This initiative is being implemented with the technical and financial support of the World Health Organization, Gavi, the Vaccine Alliance, UNICEF and other immunization partners...

Ethiopia rollout targets its annual live birth cohort of approximately 3.8 million newborns, with an initial goal of at least 80% national coverage...

24 November 2025

**Gavi and UNICEF announce equitable pricing deal for malaria vaccine to protect 7 million more children by end of decade**

**GE2P2 Global Foundation** [29 Nov 2025]

[www.ge2p2.org](http://www.ge2p2.org)

*News/Analysis/Publications-Digests/Statements*

*Digests*

:: [Vaccines and Global Health: The Week in Review - Current edition](#)

:: [Informed Consent: A Monthly Review – May 2025](#)

:: [Public Consultations Watch :: Global Calls for Input/Public Comment – 12 Nov 2025](#)

**GHIT Fund** [29 Nov 2025]

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

*Press Releases*

*No new digest content identified.*

**Global Fund** [to 29 Nov 2025]

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

*News Releases*

*No new digest content identified.*

**Global Research Collaboration for Infectious Disease Preparedness [GloPID-R]** [29 Nov 2025]

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

*News & Events*

*No new digest content identified.*

**Hilleman Laboratories** [29 Nov 2025]

<http://www.hilleman-labs.org/>

*News & Insights*

*No new digest content identified.*

**HHMI - Howard Hughes Medical Institute** [29 Nov 2025]

<https://www.hhmi.org/news>

*Press Room*

*No new digest content identified.*

**Human Immunome Project [nee Human Vaccines Project]** [29 Nov 2025]

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

*News*

*No new digest content identified.*

**IAVI** [29 Nov 2025]

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

*Press Releases, Features*

*No new digest content identified.*

**INSERM** [29 Nov 2025]

<https://www.inserm.fr/en/home/>

*Press Releases*

*No new digest content identified.*

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

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

*Selected Statements, Press Releases, Research*

*No new digest content identified.*

## **ICH [International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use] [to 29 Nov 2025]**

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

*News/Pubs/Press Releases [Selected]*

26 November 2025

### **[Press Release: ICH Assembly Meeting, Singapore, 2025](#)**

The Assembly of the International Council for Harmonisation (ICH) met in person on 18-19 November 2025 in Singapore, in parallel with meetings of 12 Working Groups and preceded by meetings of the ICH Management Committee (MC) and the MedDRA Steering Committee (SC).

Ongoing Public Consultations	^
> M4Q(R2) EWG Revision of M4Q(R1)	
> Q3E EWG Guideline for Extractables and Leachables	
> E20 EWG Adaptive Designs for Clinical Trials	

<https://www.ich.org/page/public-consultations>

## **ICRC [to 29 Nov 2025]**

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

*News*

*News release 24-11-2025*

### **[ICRC: 204 million people live in areas controlled or contested by armed groups](#)**

Geneva, 25 November 2025 – An estimated 204 million people worldwide now live in areas controlled or contested by armed groups – 30 million more than in 2021 – according to new findings released today by the International Committee of the Red Cross (ICRC). Of these, 74 million live under the full control of armed groups, while 130 million live in areas contested by armed groups.

The ICRC's 2025 mapping identifies 383 armed groups of humanitarian concern across more than 60 countries. Over one-third are parties to armed conflict and therefore bound by international humanitarian law (IHL). The ICRC maintains contact with around three-quarters of these groups to negotiate access, deliver assistance and promote respect for civilians....

## **IFFIm [29 Nov 2025]**

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

*Press Releases/Announcements*

*No new digest content identified.*

## **IFRC [to 29 Nov 2025]**

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

*Press releases*

*No new digest content identified.*

**IPPS - International Pandemic Preparedness Secretariat** [29 Nov 2025]

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

*News*

*No new digest content identified.*

**Institut Pasteur** [29 Nov 2025]

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

*Press Documents*

*No new digest content identified.*

**ISC / International Science Council** [to 29 Nov 2025]

<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.*

*news*

24 November 2025

**Scientific freedom and the responsible conduct of scientists**

In this blog series, members of the ISC's Committee for Freedom and Responsibility in Science share their reflections on the questions surrounding trust in science, particularly in the context of policy-making. The first piece features Karly Kehoe, who examines the ethical responsibilities of scientists and institutions.

**International Union of Immunological Societies (IUIS)**

<https://iuis.org/>

*News, Resources*

*No new digest content identified.*

**IVAC** [29 Nov 2025]

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

*Updates; Events*

*No new digest content identified.*

**IVI** [29 Nov 2025]

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

*IVI News & Announcements*

*No new digest content identified.*

**Johns Hopkins Center for Health Security** [29 Nov 2025]

<https://centerforhealthsecurity.org/newsroom>

*Center News [Selected]*

*No new digest content identified.*

**Robert Wood Johnson Foundation** [to 29 Nov 2025]

<https://www.rwjf.org/en/about-rwjf/newsroom.html>

*Latest News and Highlights*

*No new digest content identified.*

**MSF/Médecins Sans Frontières** [to 29 Nov 2025]

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

*Latest [Selected Announcements]*

*Egypt*

**[Bringing medical care to Egyptian and Sudanese people in Aswan](#)**

Project Update 27 Nov 2025

*Iraq*

**[Mosul's health system: From the brink of collapse to recovery](#)**

Project Update 27 Nov 2025

*Conflict in Sudan*

**[People who escaped El Fasher are struggling to survive one month after RSF takeover](#)**

Project Update 26 Nov 2025

*Mali*

**[Mali: Disruptions to fuel supplies impact MSF's medical activities](#)**

Project Update 25 Nov 2025

**National Academy of Medicine** - USA [to 29 Nov 2025]

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

*News, Stories, Insights*

*No new digest content identified.*

**National Academies-Sciences-Engineering-Medicine [NASEM]** - USA [to 29 Nov 2025]

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

*News, Statements*

**[Statement on CDC's Changes to Guidance on Vaccines and Autism](#)**

November 23, 2025

**PATH** [29 Nov 2025]

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

*Newsroom [Selected]*

*No new digest content identified.*

**Sabin Vaccine Institute** [29 Nov 2025]

<https://www.sabin.org/press/>

*Latest News & Press Releases*

*No new digest content identified.*

**UNAIDS** [29 Nov 2025]

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

*News, Stories, Updates*

*Press Release*

## **UNAIDS releases its 2025 World AIDS Day report: Overcoming disruption, transforming the AIDS response**

*The 2025 funding crisis has thrown the AIDS response into turmoil with massive disruptions to HIV prevention and community led services, particularly for the most vulnerable. However, the new report by UNAIDS shows evidence that resilience, investment and innovation combined with global solidarity still offer a path to end AIDS.*

GENEVA, 25 November 2025—The global response to HIV has suffered its most significant setback in decades, warns a new UNAIDS report released today ahead of World AIDS Day 2025. Overcoming Disruption, Transforming the AIDS Response details the far-reaching consequences of international funding reductions and lack of global solidarity which sent shockwaves through low- and middle-income countries heavily affected by HIV.

Abrupt reductions in international HIV assistance in 2025 have deepened existing funding shortfalls. The OECD estimates that external health assistance is projected to drop by 30–40% in 2025 compared with 2023, causing immediate and even more severe disruption to health services in low- and middle-income countries.

“The funding crisis has exposed the fragility of the progress we fought so hard to achieve,” said Winnie Byanyima, Executive Director of UNAIDS. “Behind every data point in this report are people—babies and children missed for HIV screening or early HIV diagnosis, young women cut off from prevention support, and communities suddenly left without services and care. We cannot abandon them. We must overcome this disruption and transform the AIDS response.”

### *A global system in shock*

Prevention services—already under strain before the crisis—have been hit hardest. Major reductions in access medicines to prevent HIV (pre-exposure prophylaxis referred to as PrEP) and sharp declines in voluntary medical male circumcision for HIV prevention have left a growing protection gap for millions. The dismantling of HIV prevention programmes designed with and for young women have deprived adolescent girls and young women of HIV prevention, mental health, and gender-based violence services in many countries. This increases their vulnerability further—already in 2024 there were globally 570 new HIV infections every day among young women and girls aged 15–24.

Community-led organizations—the backbone of the HIV response and who were able to reach people most vulnerable to HIV—report widespread closures, with more than 60% of women-led organizations suspending essential programmes. Services for key populations including men who have sex with men, sex workers, people who inject drugs and transgender people have also been severely impacted. A failure to reach the 2030 global HIV targets of the next Global AIDS Strategy could result in an additional 3.3 million new HIV infections between 2025 and 2030...

## **UNAIDS applauds strong demonstration of global solidarity at the eighth replenishment of the Global Fund to Fight AIDS, TB and Malaria**

*Press Release*

JOHANNESBURG/GENEVA, 24 November 2025—UNAIDS welcomes the important pledges from donors for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), at its eighth replenishment conference held in Johannesburg, South Africa on 21 November. The event, co-hosted by President Ramaphosa of South Africa and Prime Minister Starmer of the United Kingdom, was held on the margins of the G20 Leaders’ Summit.

Partners around the world pledged US\$ 11.34 billion to sustain the fight against AIDS, tuberculosis and malaria which will save millions more lives, and strengthen systems for health. This is a significant achievement and a powerful demonstration of global solidarity in the face of uncertainty and massive disruptions to the HIV response.

"AIDS is not over," said Winnie Byanyima, UNAIDS Executive Director. "We commend donors for this strong show of support. These pledges will help protect future generations and accelerate progress toward ending these epidemics. But we must go further—our shared goal is US\$18 billion, and we look forward to additional pledges to close the gap."...

**UNICEF** [to 29 Nov 2025]

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

*Latest press releases, news notes and statements [Selected]*

*Press release* 28 November 2025

**Malnutrition persists as winter sets in, threatening children's lives and wellbeing in Gaza**

NEW YORK, 28 November 2025, – High levels of malnutrition continue to endanger the lives and wellbeing of children in the Gaza Strip, compounded by the onset of winter weather accelerating the spread of disease and increasing the risk of death among the most vulnerable children. Nutrition screenings conducted by UNICEF and partners identified almost 9,300 children under 5...

*News note* 27 November 2025

**Fast Facts: World risks reversing HIV progress as children continue to face treatment gap – UNICEF**

NEW YORK, 28 November 2025 –, Children and adolescents living with HIV continue to be left behind in access to early diagnosis, life-saving treatment, and care, as shrinking funding threatens to increase their risks and reverse decades of progress, UNICEF warned today ahead of World AIDS Day. A recently published...

*Press release* 23 November 2025

**Gavi and UNICEF announce equitable pricing deal for malaria vaccine to protect 7 million more children by end of decade**

Deal secures more accessible future price per dose, resulting in savings of up to US\$90 million. Savings expected to help secure 30 million additional doses, protecting up to 7 million more children with malaria vaccine. Agreement executed by UNICEF is financially backed by Gavi and made possible through innovativ...

**Unitaid** [29 Nov 2025]

<https://unitaid.org/>

*Press Releases*

*News releases*

**World AIDS Day: Our commitment to equity and innovation in the fight against HIV**

26 November 2025

*News releases*

**WHO approves first child-friendly primaquine formulations for malaria treatment**

19 November 2025

**Vaccine Equity Cooperative [nee Initiative]** [29 Nov 2025]

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

*News*



*No new digest content identified.*

**Vaccine Confidence Project** [29 Nov 2025]

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

*News, Research and Reports*

*No new digest content identified.*

**Vaccine Education Center – Children’s Hospital of Philadelphia** [29 Nov 2025]

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

*News*

**[Vaccine Update Newsletter November 2025](#)**

*Vaccine Update* is our monthly email newsletter that will keep you up to date on current vaccine-related issues. For quick access to 2025 *Vaccine Update* “Fast Facts” articles, scroll to the bottom of this page.

**Wellcome Trust** [29 Nov 2025]

<https://wellcome.org/news/all>

*News. Opinion, Reports*

*Expert perspective*

**[A golden era of tuberculosis vaccines is coming – but is the world ready?](#)**

28 November 2025 5-minute read

Alexander Pym

New tuberculosis (TB) vaccines are on the horizon. Alexander Pym, Director of Infectious Disease at Wellcome, shares how the global health community must act now to ensure they reach those who need them most.

**The Wistar Institute** [to 29 Nov 2025]

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

*Press Releases*

*No new digest content identified.*

**World Bank** [to 29 Nov 2025]

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

*News [Selected]*

*No new digest content identified.*

**WFPHA: World Federation of Public Health Associations** [29 Nov 2025]

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

*Blog, Events*

*No new digest content identified.*

**World Medical Association [WMA]** [to 06 Sep 025]

<https://www.wma.net/news-press/press-releases/>

*Press Releases*

*No new digest content identified.*

**World Organisation for Animal Health [OIE]** [29 Nov 2025]

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

*Press Releases, Statements*

*No new digest announcements identified.*

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**ARM [Alliance for Regenerative Medicine]** [29 Nov 2025]

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

*Selected Press Releases*

*No new digest announcements identified.*

**BIO** [29 Nov 2025]

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

*Press Releases*

*No new digest announcements identified.*

**DCVMN – Developing Country Vaccine Manufacturers Network** [29 Nov 2025]

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

*News; Upcoming events*

*No new digest announcements identified.*

**ICBA – International Council of Biotechnology Associations** [29 Nov 2025]

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

*News*

*No new digest announcements identified.*

**IFPMA** [29 Nov 2025]

<https://ifpma.org/>

*News & Resources*

[Considerations on the use of reliance in clinical trials review](#)

IFPMA – Position paper 25 November 2025

**International Alliance of Patients' Organizations – IAPO** [29 Nov 2025]

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

*Press and media [Selected]*

*No new digest announcements identified.*

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

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

*News*

*No new digest announcements identified.*

**PhRMA** [29 Nov 2025]

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

*Press Releases*

*No new digest announcements identified.*

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***Vaccines/Therapeutics/Medicines – Selected Developer/Manufacturer Announcements***

*We recognize that this listing is indicative but certainly not exhaustive. We invite nomination of other vaccine developers for potential addition to those monitored below.*

**AstraZeneca**

*Press Releases - No new digest announcements identified.*

**Bavarian Nordic**

*Latest News - No new digest announcements identified.*

**BioCubaFarma – Cuba**

*Últimas Noticias - No new digest announcements identified.*

**Biological E**

*News - No new digest announcements identified.*

**BioNTech**

*Press Releases - No new digest announcements identified.*

**Boehringer**

*Press Releases*

**Boehringer Ingelheim announces appointment to Board of Managing Directors**

Ingelheim, Germany, Fri, 28/11/2025 - 14:00

*Harsha Deshmukh has been appointed a member of the Board of Managing Directors with responsibility for IT and Global Business Services effective 1 February 2026*

**CanSinoBIO**

*News - Website not responding at inquiry.*

**CIGB**

*Latest News - No new digest announcements identified.*

**CinnaGen**

*Recent News - No new digest announcements identified.*

**Clover Biopharmaceuticals – China**

*News - No new digest announcements identified.*

**CSL Seqirus**

*News Releases - No new digest announcements identified.*

**Curevac**

*News - No new digest announcements identified.*

**Dailchi Sankyo**

Press Releases - No new digest announcements identified.

**Gamaleya National Center/Sputnik**

Latest News and Events - No new digest announcements identified [Last: 09 Nov 2020]

<https://sputnikvaccine.com/> - No new digest announcements identified [Last: 31 Aug 2022]

**GSK**

Press releases for media - No new digest announcements identified.

**EuBiologics, S Korea**

News - No new digest announcements identified.

**HIPRA**

Press releases

[HIPRA participates in the development of an innovative intranasal influenza vaccine](#)

25-11-2025

HIPRA is taking part in a European consortium led by the Medical University of Vienna to develop a next-generation intranasal flu vaccine, including protection against strains with pandemic potential.

**IMBCAMS, China**

Home - Website not responding at inquiry.

**JNJ Innovative Medicine [Janssen]**

Press Releases - No new digest announcements identified.

**Merck**

News releases - No new digest announcements identified.

**Nanogen**

News - No new digest announcements identified.

**Novartis**

News - No new digest announcements identified.

**Novavax**

Press Releases - No new digest announcements identified.

**Pfizer**

Recent Press Releases - No new digest announcements identified.

**R-Pharm**

<https://rpharm-us.com/index.php>

[No news or media page identified]

**Sanofi Pasteur**

Press Releases - No new digest announcements identified.

**Serum Institute**

News & Announcements - No new digest announcements identified.

## **Sinopharm/WIBPBIBP**

News - No new digest announcements identified.

## **Sinovac**

Press Releases - No new digest announcements identified.

## **SK Biosciences**

Press Releases - No new digest announcements identified.

## **Takeda**

Newsroom - No new digest announcements identified.

## **Valneva**

Press Releases -

November 26, 2025

**Valneva to Further Consolidate its Operations in France**

November 26, 2025

**Valneva Announces Positive Final Phase 2 Results for Lyme Disease Vaccine Candidate**

## **WestVac Biopharma**

Media - No new digest announcements identified.

## **Zhifei Longcom, China**

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

Website [No News/Announcements page identified]

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## ***Contents [click to move among sections]***

:: Milestones, Perspectives

:: WHO

:: Organization Announcements

:: Journal Watch

:: Pre-Print Servers

.....  
.....

## ***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 16, 2025 Issue 4

<https://www.tandfonline.com/toc/uabr21/current>  
[New issue; No digest content identified]

### **AMA Journal of Ethics**

Volume 27, Number 11: E769-822 November 2025

<https://journalofethics.ama-assn.org/issue/electronic-health-record-evolution>

#### ***Electronic Health Record Evolution***

Patients' charts once hung at the feet of their hospital beds, and their purpose was to serve as the record of care for a particular patient. Now, electronic health records (EHRs) have several functions and serve many stakeholders' interests. This theme issue investigates which kinds of work EHRs should do—and for whom—and whose interests EHRs should serve when information is entered, organized, reviewed, responded to, extracted, or amended. This issue also investigates which values should inform EHR stewardship and innovation decisions and from whose perspectives the stakes of those decisions should be framed.

### **American Journal of Human Genetics**

Nov 06, 2025 Volume 112 Issue 11 p2563-2814

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

#### ***This month in The Journal***

Paul W. Hook, Alyson B. Barnes

Rare diseases affect more than 5% of the population in the United States. Classically, rare diseases are diagnosed through a phenotype-first approach in which individuals with distinct clinical features undergo genetic testing to identify the underlying genetic basis of their disorder. This approach can lead to ascertainment bias toward individuals with more severe or well-characterized phenotypes, leaving many affected individuals without a diagnosis. A genotype-first approach could increase diagnoses and provide insight into the phenotypic spectrum and prevalence of rare diseases, but this approach is difficult to apply at scale.

[Reviewed earlier]

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

November 2025 Volume 53 Issue 11 p1131-1242

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

[Reviewed earlier]

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

November 2025 Volume 69 Issue 5

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

Reviewed earlier]

### **American Journal of Public Health**

November 2025 115(11)

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

Reviewed earlier]

### **American Journal of Tropical Medicine and Hygiene**

Volume 113 | Issue 5 November 2025

<https://www.ajtmh.org/view/journals/tpmd/113/3/tpmd.113.issue-5.xml>

[Reviewed earlier]

### **Annals of Internal Medicine**

November 2025 Volume 178, Issue 11

<https://www.acpjournals.org/toc/aim/current>

*Special Articles*

#### **Vaccines: Decision Making Amid Conflicting Recommendations**

Christine Laine, MD, MPH, Barbara J. Turner, MD, MEd, Amir Qaseem, MD, PhD, MHA and Darilyn V. Moyer, MD

Pages:1642–1643

... Yet in the United States, vaccination has become a political lightning rod instead of a foundational component of public health. The trusted scientific infrastructure for vaccine policies has been dismantled and replaced with a process designed to yield recommendations aligning with the ill-informed beliefs of the U.S. Secretary of Health and Human Services ([1](#), [2](#))...

On 10 September 2025, *Annals of Internal Medicine* and the American College of Physicians (ACP) convened internal medicine physicians with expertise in vaccines to provide practical information to inform evidence-based decisions in this fractious environment. Jason M. Goldman, MD, moderated the discussion. Dr. Goldman is President of the American College of Physicians, is a member of ACP's Immunization Committee, and was ACP's liaison to the Advisory Committee on Immunization Practices (ACIP) before its recent dismantling. Panelists included Fiona Havers, MD, MHS; Rochelle Walensky, MD, MPH; and Robert Hopkins Jr., MD. Dr. Havers is an infectious diseases physician with expertise in vaccine-preventable respiratory diseases and vaccine policy. Before resigning in June 2025, Dr. Havers was a medical epidemiologist at the CDC where she worked on COVID-19 and adult respiratory syncytial virus vaccine policy as well as the CDC's response to public health emergencies. Dr. Walensky served as the 19th Director of the CDC from 2021 to 2023. She is an infectious disease physician whose work has informed U.S. and global HIV policies. Dr. Hopkins is Medical Director for the National Foundation for Infectious Diseases and Professor of Internal Medicine and Pediatrics at the University of Arkansas for Medical Sciences. He is also the current Chair of ACP's Immunization Committee and Immediate Past Chair of U.S. Department of Health and Human Services' National Vaccine Advisory Committee...

The full program is available for viewing on [Annals.org](#) (see [Video](#)), and ACP is providing continuously updated vaccine information in the organization's Adult Immunization Resource Hub ([www.acponline.org/clinical-information/clinical-resources-products/adult-immunization](http://www.acponline.org/clinical-information/clinical-resources-products/adult-immunization)).

### **Artificial Intelligence – An International Journal**

Volume 349 December 2025

<https://www.sciencedirect.com/journal/artificial-intelligence/vol/349/suppl/C>

[New issue; No digest content identified]

### **BMC Cost Effectiveness and Resource Allocation**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

### **BMC Health Services Research**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

### **BMC Infectious Diseases**

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

(Accessed 29 Nov 2025)

#### **[Global, regional, national burden, trends and health inequality of neglected tropical diseases and malaria from 1990 to 2021](#)**

Lianfang Feng, Guangju Mo, Qiyong Liu

Research Open access 25 November 2025 Article: 1649

Neglected tropical diseases and malaria (NTDM) remain persistent public health challenges, disproportionately affecting populations in low- and middle-income countries. This study aims to systematically evaluate the burden, trends, and health inequities of NTDM from 1990 to 2021, and to project trends through 2050.

### **BMC Medical Ethics**

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

(Accessed 29 Nov 2025)

#### **[Three ethical approaches to expanding newborn screening through genomics: a critical comparative analysis](#)**

Gabriel Watts, Margaret Otłowski, Ainsley J. Newson

Research Open access 27 November 2025 Article: 167

### **BMC Medicine**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

### **BMC Pregnancy and Childbirth**

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

(Accessed 29 Nov 2025)

No new digest content identified]

### **BMC Public Health**

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

(Accessed 29 Nov 2025)

*Articles*

#### **[Safety of sinopharm COVID-19 vaccine in children and adolescents aged 5 to 18 years: a cohort event monitoring study](#)**

Mohammad Hassan Emamian, Sajad Sahab-Negah, Hamid Sharifi

Research Open access 28 November 2025 Article: 4196

#### **[Associations between english proficiency and HPV vaccine uptake among foreign-born men and women in the United States: a cross-sectional study using data from the National Health Interview Survey](#)**

Nubwa St. James, Lois Coleman Carpenter, Catherine S. Nagawa

Research Open access 28 November 2025 Article: 4188



**Understanding the drivers and barriers of elderly vaccination in post-pandemic China: a qualitative study in Shenzhen**

Ziru Deng, Fang Huang, Karen A. Grépin

Research Open access 28 November 2025 Article: 4185

**Childhood vaccination coverage and determinants in Jordan: a population-based study**

Basant Motawi, Eric Ribaira, Samer S. El-Kamary

Research Open access 28 November 2025

**Cultural tailoring of vaccination messages: leveraging culturally adapted audio messaging in the promotion of maternal and infant vaccination uptake in rural communities in Nigeria**

Chinedu Anthony Iwu, Kenechi Uwakwe, Ernest Nwaigbo

Research Open access 26 November 2025 Article: 4151

**Uptake likelihood assessment of oral cholera vaccine capsules: insights from stakeholder consultations in five countries**

Dijana Spasenoska, Anna-Lea Kahn, Julia Lynch

Research Open access 26 November 2025 Article: 4147

**Seasonal influenza vaccine knowledge and attitudes among pregnant women: a cross-sectional study in Palestine**

Omar H. Almahmoud, Shahd Takroui, Adila Khawaja

Research Open access 25 November 2025

**BMC Research Notes**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

**BMJ Evidence-Based Medicine**

October 2025 - Volume 30 - 5

<https://ebm.bmj.com/content/30/5>

[Reviewed earlier]

**BMJ Global Health**

November 2025 - Volume 10 - 11

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

[Reviewed earlier]

**Bulletin of the Atomic Scientists**

DIGITAL MAGAZINE - September 2025

<https://thebulletin.org/magazine/2025-09/#post-heading>

[Reviewed earlier]

**Bulletin of the World Health Organization**

Volume 103, Number 11, November 2025, 641-752

<https://www.who.int/publications/journals/bulletin/>

***Theme issue: traditional medicine and global health***

[Reviewed earlier]

**Cell**

Oct 30, 2025 Volume 188 Issue 22 p6105-6390

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

[Reviewed earlier]

**Cell and Gene Therapy Insights**

May 2025 Issue Volume 11 Issue 4

<https://www.insights.bio/cell-and-gene-therapy-insights/journal/250/volume-11-issue-4>

[Reviewed earlier]

**Child Care, Health and Development**

Volume 51, Issue 6 November 2025

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

[Reviewed earlier]

**Clinical Pharmacology & Therapeutics**

Volume 118, Issue 5 Pages: 969-1224 November 2025

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

[New issue; No digest content identified]

**Clinical Therapeutics**

November 2025 Volume 47 Issue 11 p957-1088

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

[Reviewed earlier]

**Clinical Trials**

Volume 22 Issue 5, October 2025

<https://journals.sagepub.com/toc/ctja/22/5>

[Reviewed earlier]

**Conflict and Health**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

**Contemporary Clinical Trials**

Volume 158 November 2025

<https://www.sciencedirect.com/journal/contemporary-clinical-trials/vol/158/suppl/C>

[Reviewed earlier]

### **The CRISPR Journal**

Volume 8, Issue 5 / October 2025

<https://www.liebertpub.com/toc/crispr/8/5>

[Reviewed earlier]

### **Current Genetic Medicine Reports**

Volume 13, Issue 1 December 2025

<https://link.springer.com/journal/40142/volumes-and-issues/13-1>

[Reviewed earlier]

### **Current Medical Research and Opinion**

Volume 41, Issue 3 2025

<https://www.tandfonline.com/toc/icmo20/current>

[Reviewed earlier]

### **Current Opinion in Infectious Diseases**

October 2025 - Volume 38 - Issue 5

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

*PAEDIATRIC AND NEONATAL INFECTIONS*

[Reviewed earlier]

### **Current Protocols in Human Genetics**

<https://currentprotocols.onlinelibrary.wiley.com/journal/19348258>

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Cytotherapy**

November 2025 Volume 27 Issue 1271 p121-1362

<https://www.isct-cytotherapy.org/current>

[Reviewed earlier]

### **Developing World Bioethics**

Volume 25, Issue 3 Pages: 165-252 September 2025

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

[Reviewed earlier]

### **Development in Practice**

Volume 35, Issue 5, 2025

<https://www.tandfonline.com/toc/cdip20/35/5?nav=tocList>

[Reviewed earlier]

### **Development Policy Review**

Volume 43, Issue 5 September 2025

<https://www.tandfonline.com/toc/cdip20/35/5?nav=tocList>

[Reviewed earlier]

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

Volume 19 - 2025

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

[Reviewed earlier]

### **Disasters**

Volume 50, Issue 1 January 2026

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

[Reviewed earlier]

### **eBioMedicine**

Volume 121 November 2025

<https://www.sciencedirect.com/journal/ebiomedicine/vol/121/suppl/C>

[Reviewed earlier]

### **EMBO Reports**

Volume 26 Issue 21 6 November 2025

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

[Reviewed earlier]

### **Emerging Infectious Diseases**

Volume 31, Number 10—October 2025

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

[Reviewed earlier]

### **Epidemics**

Volume 52 September 2025

<https://www.sciencedirect.com/journal/epidemics/vol/52/suppl/C>

[Reviewed earlier]

### **Epidemiology and Infection**

Volume 153 - 2025

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

[Reviewed earlier]

### **Ethics & Human Research**

Volume 47, Issue 5 Pages: 1-43 September–October 2025

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

[Reviewed earlier]

### **Ethics & International Affairs**

Volume 39 - Issue 2 - Summer 2025

<https://www.cambridge.org/core/journals/ethics-and-international-affairs/latest-issue> [

***Roundtable: Global Governance in Hard Times***

[Reviewed earlier]

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

Volume 33 2025

<https://www.sciencedirect.com/journal/ethics-medicine-and-public-health/vol/32/suppl/Cc>

[Reviewed earlier]

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

Volume 35, Issue 5, October 2025

<https://academic.oup.com/eurpub/issue/35/5>

[Reviewed earlier]

### **Expert Review of Vaccines**

Volume 24, 2025 Issue 1

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

[Reviewed earlier]

### **Foreign Affairs**

November/December 2025 Volume 104, Number 6

<https://www.foreignaffairs.com/issues/2025/104/5>

[Reviewed earlier]

### **Forum for Development Studies**

Volume 52, 2025 - Issue 2

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

***The Rebirth of the Global South: Geopolitics, Imageries, and Developmental Realities***

[Reviewed earlier]

### **Frontiers in Genetics**

<https://www.frontiersin.org/journals/genetics>

[Accessed 29 Nov 2025]

*Editorial*

Accepted on 28 Nov 2025

**[Editorial: A Year in Review: Discussions in RNA](#)**

Sybille Krauß, Nicoletta Potenza

### **Frontiers in Genome Editing**

<https://www.frontiersin.org/journals/genome-editing>

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Frontiers in Medicine**

<https://www.frontiersin.org/journals/medicine/volumes?volume-id=1463>

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Gene Therapy – Nature**

Volume 32 Issue 5, October 2025

<https://www.nature.com/gt/volumes/32/issues/5>

[Reviewed earlier]

### **Genetics in Medicines**

Volume 27, Issue 12 December 2025

<https://www.sciencedirect.com/journal/genetics-in-medicine/vol/27/issue/65>

[New issue; No digest content identified]

### **Genome Medicine**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Global Health Action**

Volume 18, Issue 1 (2025)

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

[Reviewed earlier]

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

August 2025 | Volume 13 | Number 1

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

[Reviewed earlier]

### **Global Legal Monitor & Legal Reports – Library of Congress/USA**

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

[https://www.loc.gov/books/?q=legal+reports&fa=partof%3Alegal+reports+%28publications+of+the+law+library+of+congress%29&sb=date\\_desc](https://www.loc.gov/books/?q=legal+reports&fa=partof%3Alegal+reports+%28publications+of+the+law+library+of+congress%29&sb=date_desc)

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Global Public Health**

Volume 20, Issue 1 (2025)

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

[Reviewed earlier]

### **Globalization and Health**

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

[Accessed 29 Nov 2025]

**[The landscape of public-private partnerships in global health governance: introducing a new dataset](#)**

Leah Shipton

Research Open access 24 November 2025

Global health public-private partnerships are prominent actors and forums for the governance of global health. They channel significant funding into global health and shape policy priorities and options for pressing health problems. Led by state and non-state actors, they are often championed as inclusive governing spaces. Despite their prominence, there is no up-to-date, comprehensive analysis of the quantity and qualities of global health public-private partnerships, including the distribution of decision-making power among their governing board members.

**Health and Human Rights**

Volume 27, Issue 1, June 2025

<https://www.hhrjournal.org/volume-27-issue-1-june-2025/>

***SPECIAL SECTION - FIGHT FOR RIGHTS VIEWPOINT SERIES***

[Reviewed earlier]

**Health Economics, Policy and Law**

Volume 20 - Issue 4 - October 2025

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

[Reviewed earlier]

**Health Policy and Planning**

Volume 40, Issue 10, November 2025

<https://academic.oup.com/heapol/issue/40/10>

[Reviewed earlier]

**Health Research Policy and Systems**

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

[Accessed 29 Nov 2025]

**[Evaluating the corporate social responsibility agenda for high-cost novel therapies: roles for government and civil society](#)**

Anna Wong, Gul Saeed, Jillian Kohler

Research Open access 28 November 2025 Article: 157

**Human Gene Therapy**

Volume 36, Issue 21-22 / November 2025

<https://www.liebertpub.com/toc/hum/36/21-22>

*Reviews*

**[Ethical, Legal, and Social Issues \(ELSI\) in Human Somatic Gene Therapy Clinical Research: A Scoping Review](#)**

Carolyn Riley Chapman, Mena Shaikh, Ava Glazier, Andrew Creamer, and Barbara E. Bierer

Pages:1387–1404

Published Online:17 November 2025

<https://doi.org/10.1177/10430342251396061>

### **Humanitarian Practice Network**

<https://odihpn.org/>

[Accessed 29 Nov 2025]

*Featured Publications*

[No new digest content identified]

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

Volume 21 Issue 1, 2025

<https://www.tandfonline.com/toc/khvi20/21/1?nav=tocList>

*Selected Content*

[Reviewed earlier]

### **Immunity**

Nov 11, 2025 Volume 58 Issue 11 p2609-2916

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

[Reviewed earlier]

### **Infectious Agents and Cancer**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

### **Infectious Diseases of Poverty**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

### **International Health**

Volume 17, Issue 6, November 2025

<https://academic.oup.com/inthealth/issue/17/6>

[Reviewed earlier]

### **International Human Rights Law Review**

Volume 14 (2025): Issue 1 (Jun 2025)

<https://brill.com/view/journals/hrlr/14/1/hrlr.14.issue-1.xml>

[Reviewed earlier]

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

Vol. 12 No. 12 (2025): December 2025

<https://www.ijcmph.com/index.php/ijcmph/issue/view/131>

[\*\*Integrating human papillomavirus vaccination into maternal, newborn, and child health week in Abia State, South-East Nigeria: a programmatic experience\*\*](#)



Chidinma I. Amuzie, Kalu U. Kalu, Alkasim M. Jibrin, Victoria N. Onwochei, Victor Ukonu, Ahmed M. Naiya, Amos P. Bassi  
5457-5464  
DOI: [10.18203/2394-6040.ijcmph20254016](https://doi.org/10.18203/2394-6040.ijcmph20254016)

**[Socio-cultural factors associated with the uptake of human papilloma virus vaccine among girls aged 9-13 years in Garissa County, Kenya](#)**

Risala Hussein, Eliphas Gitonga, Monica Wambugu  
5480-5486  
DOI: [10.18203/2394-6040.ijcmph20254019](https://doi.org/10.18203/2394-6040.ijcmph20254019)

**[Advanced panel data models in examining the impact of COVID-19 vaccines on the number of deaths in Sub-Saharan Africa](#)**

Patrick Nelson Malakasuka, David Loiboo Kitumi, Maurice C. Y. Mbago  
5487-5496  
DOI: [10.18203/2394-6040.ijcmph20254020](https://doi.org/10.18203/2394-6040.ijcmph20254020)

**International Journal of Epidemiology**

Volume 54, Issue 5, October 2025  
<https://academic.oup.com/ije/issue/54/5>  
[Reviewed earlier]

**International Journal of Human Rights in Healthcare**

Volume 18, Issue 4 22 October 2025  
<https://www.emerald.com/ijhrh/issue/18/4>  
*Table of contents*  
[Reviewed earlier]

**JAMA**

November 25, 2025, Vol 334, No. 20, Pages 1781-1862  
<https://jamanetwork.com/journals/jama/currentissue>  
*Medical News*

**[New Guidance on Cardiovascular Disease and COVID-19—From Infection to Long COVID to Vaccination](#)**

Jennifer Abbasi

has audio

JAMA. 2025;334(20):1786-1788. doi:10.1001/jama.2025.18834

This Medical News article is an interview with the lead author of a new European Society of Cardiology clinical consensus statement on cardiovascular disease prevention and management in COVID-19.

[Podcast](#): Understanding Cardiac Long COVID

**JAMA Health Forum**

November 2025, Vol 6, No. 11  
<https://jamanetwork.com/journals/jama-health-forum/issue>  
[Reviewed earlier]

**JAMA Pediatrics**

November 2025, Vol 179, No. 11, Pages 1139-1248

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

[Reviewed earlier]

**JB1 Evidence Synthesis**

October 2025 - Volume 23 - Issue 10

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

[Reviewed earlier]

**Journal of Adolescent Health**

November 2025 Volume 77 Issue 5 p797-1008

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

[Reviewed earlier]

**Journal of Artificial Intelligence Research**

Vol. 83 (2025)

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

[Reviewed earlier]

**Journal of Bioethical Inquiry**

Volume 22, Issue 3 September 2025

<https://link.springer.com/journal/11673/volumes-and-issues/22-3>

[Reviewed earlier]

**Journal of Community Health**

Volume 50, Issue 6 December 2025

<https://link.springer.com/journal/10900/volumes-and-issues/50-6>

[Reviewed earlier]

**Journal of Current Medical Research and Opinion**

*...a peer-reviewed, international journal for the rapid publication of original research on new and existing drugs and therapies, and post-marketing investigations. Equivalence, safety and efficacy/effectiveness studies are especially encouraged.*

Vol. 8 No. 01 (2025)

<https://www.cmro.in/index.php/jcmro/issue/view/91>

[Reviewed earlier]

**Journal of Development Economics**

Volume 178 January 2026

<https://www.sciencedirect.com/journal/journal-of-development-economics/vol/178/suppl/C>

[Reviewed earlier]

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

Volume 20 Issue 5, December 2025  
<http://journals.sagepub.com/toc/jre/current>  
[Reviewed earlier]

**Journal of Epidemiology & Community Health**

November 2025 - Volume 79 - 11  
<https://jech.bmj.com/content/79/11>  
[Reviewed earlier]

**Journal of Evidence-Based Medicine**

Volume 18, Issue 3 September 2025  
<https://onlinelibrary.wiley.com/toc/17565391/current>  
[Reviewed earlier]

**Journal of Global Ethics**

Volume 21, Issue 2 (2025)  
<http://www.tandfonline.com/toc/rjge20/current>  
[Reviewed earlier]

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

Volume 36, Number 3, August 2025  
<https://muse.jhu.edu/issue/55342>  
*Table of Contents*  
[Reviewed earlier]

**Journal of Immigrant and Minority Health**

Volume 27, Issue 5 October 2025  
<https://link.springer.com/journal/10903/volumes-and-issues/27-5>  
[Reviewed earlier]

**Journal of Immigrant & Refugee Studies**

Volume 23, Issue 4 (2025)  
<https://www.tandfonline.com/toc/wimm20/current>  
[Reviewed earlier]

**Journal of International Development**

Volume 37, Issue 8 Pages: 1-1697 November 2025  
<https://onlinelibrary.wiley.com/toc/10991328/current>  
[Reviewed earlier]

**Journal of Law, Medicine & Ethics**

Volume 53 - Issue 3 - Fall 2025  
<https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/latest-issue>  
***Public Health, Markets, and Law***

[Reviewed earlier]

**Journal of Medical Ethics**

December 2025 - Volume 51 - 12

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

[Reviewed earlier]

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

Volume 12, Issue 3 (2025)

<https://institutionalrepository.aah.org/jpcrr/>

[Reviewed earlier]

**The Journal of Pediatrics**

Volume 286 November 2025

<https://www.sciencedirect.com/journal/the-journal-of-pediatrics/vol/286/suppl/C>

[Reviewed earlier]

**Journal of Pharmaceutical Policy and Practice**

Volume 18, 2025 Issue 1

<https://www.tandfonline.com/toc/jppp20/18/1?nav=tocList>

[Reviewed earlier]

**Journal of Public Health Management & Practice**

November/December 2025 - Volume 31 - Issue 6

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

[Reviewed earlier]

**Journal of Public Health Policy**

Volume 46, Issue 4 December 2025

<https://link.springer.com/journal/41271/volumes-and-issues/46-4>

[Reviewed earlier]

**Journal of the Royal Society – Interface**

November 2025 Volume 22 Issue 232

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

[Reviewed earlier]

**Journal of Travel Medicine**

Volume 32, Issue 6, August 2025

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

[Reviewed earlier]

**Journal of Virology**

## The Lancet

Nov 29, 2025 Volume 406 Number 10519 p2509-2600  
<https://www.thelancet.com/journals/lancet/issue/current>  
*Editorial*

### The Global Fund and the future of global health

The Lancet

There was a strange sense of relief at the eighth replenishment conference for The Global Fund to Fight AIDS, Tuberculosis and Malaria, which took place on Nov 21, in South Africa. The USA is by far the Global Fund's largest donor and its pledge of US\$4·6 billion, while much less than the \$6 billion it gave in 2022, surprised many, given the Trump administration's scorched earth policy in global health. Still, the total of \$11·34 billion pledged, far short of the \$18 billion target, was disappointing, if not surprising. None of the top ten donors have increased their contributions compared with previous replenishments. The UK—a co-host of the replenishment—gave £850 million versus £1 billion last time. Germany gave €1 billion, down from €1·3 billion. France, Japan, Sweden, and the European Commission did not announce pledges. Their contributions may take the total closer to \$14 billion. Even so, the decision not to fully support the Global Fund—the most successful multilateral health programme in history—risks the health of millions and prompts serious questions for the organisation.

The Global Fund's achievements are unarguable. Since 2002, it has disbursed \$69 billion, providing antiretroviral therapy to 25·6 million people with HIV, treatment for tuberculosis to 7·4 million people, and enabling the distribution of 162 million bednets to prevent malaria. An estimated 70 million lives have been saved. It has transformed communities, helped raise life expectancy, and contributed to growing economies. A study by Timothy Hallett and colleagues, including some from the Global Fund, laid out the case for investment in controlling HIV, malaria, and tuberculosis. Their admittedly optimistic estimates show that 23 million lives could be saved and 400 million cases and new infections averted between 2027 and 2029. Every \$1·00 invested, they say, returns up to \$3·50 in direct economic benefits. The corollary to these findings is that a shortfall in investment will harm health. The Global Fund now has difficult decisions to make regarding its programmes. At worst, huge numbers of people would suddenly cease treatment, prompting rapid disease recurrence, and overwhelming health systems.

These are strong health and economic arguments for investment. But these arguments have come up against a global health funding landscape now driven by straitened macroeconomic circumstances and geopolitical headwinds. Gavi, the Vaccine Alliance, too failed to reach its fundraising goal this year, USAID has been shuttered, and PEPFAR is in turmoil. Development assistance for health has not disappeared (and \$11·34 billion is still a substantial sum), but it is collapsing, from \$80 billion in 2021, to \$50 billion in 2024, and forecast to drop to \$36 billion in 2030. The world is changing and institutions such as the Global Fund must change with it.

The impetus for change is not solely due to events in the Global North. The Lusaka Agenda, launched in December, 2023, calls for global health initiatives to catalyse sustainable, domestically financed health services. The Africa Health Sovereignty Summit in August this year saw the launch of the Accra reset, an agreement that Africa must move from aid dependency to self-determination with a process for reimagining a global health governance architecture in which Africa shares power and accountability. Writing in The Lancet, Jean Kaseya, Director-General of the Africa CDC, describes this agenda as “an invitation to a new partnership model in which Africa leads with clarity and confidence, and global partners engage as enablers, not directors, of continental priorities”. This is a vision of a

more just, more sustainable, and more empowered approach to health and development. Countries such as Nigeria and Tanzania have already taken steps to enact these ideas.

Writing in Forbes earlier this month, Peter Sands, the Executive Director of the Global Fund, was candid about the future. "The model that has delivered such progress will not be the model to take us forward." He talks of the need for innovations; to dismantle silos; and to decrease dependence, promising plans for all but the poorest countries to transition to self-reliance. But his ambitions extend beyond the Global Fund. "We must be bold—merge and close some agencies. Strip out duplication and focus on comparative advantage...if the global health architecture looks as it does today three years from now, we will have failed." These are radical words. Sania Nishtar, the head of Gavi, has also written about the need for a "new consensus". UNAIDS may close next year. Change is coming, and although it has been driven at least partly by adverse circumstances, it also affords huge opportunities: to create more equitable and effective institutions, to redistribute power, and to reimagine what global health should look like in the post-SDG era.

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

Dec 2025 Volume 9 Number 12 p817-890, e24-e27

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

[Reviewed earlier]

### **Lancet Digital Health**

Sep 2025 Volume 7 Number 9

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

[Reviewed earlier]

### **Lancet Global Health**

Dec 2025 Volume 13 Number 12 e1991-e2179

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

[Reviewed earlier]

### **Lancet Infectious Diseases**

Nov 2025 Volume 25 Number 11 p1159-1264, e621-e675

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

[Reviewed earlier]

### **Lancet Public Health**

Nov 2025 Volume 10 Number 11 e890-e1005

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

[New issue; No digest content identified]

### **Lancet Respiratory Medicine**

Nov 2025 Volume 13 Number 11 p951-1040, e56-e58

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

[New issue; No digest content identified]

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

Volume 29, Issue 10 October 2025

<https://link.springer.com/journal/10995/volumes-and-issues/29-10>

[Reviewed earlier]

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

Volume 45 Issue 8, November 2025

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

[Reviewed earlier]

### **The Milbank Quarterly**

*A Multidisciplinary Journal of Population Health and Health Policy*

Volume 103, Issue 3 Pages: 639-939 September 2025

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

[Reviewed earlier]

### **Molecular Therapy**

Nov 05, 2025 Volume 33 Issue 11 p5283-5908

<https://www.cell.com/molecular-therapy/current>

[Reviewed earlier]

### **Nature**

Volume 647 Issue 8090, 20 November 2025

<https://www.nature.com/nature/volumes/647/issues/8090>

*Editorial* 18 Nov 2025

**[The UK must not lose its focus on science and innovation](#)**

An ambitious plan to create a trillion-dollar technology company comes with risks.

### **Nature Biotechnology**

Volume 43 Issue 11, November 2025

<https://www.nature.com/nbt/volumes/43/issues/11>

[Reviewed earlier]

### **Nature Communications**

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

(Accessed 29 Nov 2025)

[Reviewed earlier]

### **Nature Genetics**

Volume 57 Issue 11, November 2025

<https://www.nature.com/ng/volumes/57/issues/11>

Reviewed earlier]

### **Nature Human Behaviour**

Volume 9 Issue 10, October 2025

<https://www.nature.com/nathumbehav/volumes/9/issues/10>

[Reviewed earlier]

### **Nature Medicine**

Volume 31 Issue 11, November 2025

<https://www.nature.com/nm/volumes/31/issues/11>

[Reviewed earlier]

### **Nature Reviews Drug Discovery**

Volume 24 Issue 10, October 2025

<https://www.nature.com/nrd/volumes/24/issues/10>

[Reviewed earlier]

### **Nature Reviews Genetics**

Volume 26 Issue 11, November 2025

<https://www.nature.com/nrg/volumes/26/issues/11>

[Reviewed earlier]

### **Nature Reviews Immunology**

Volume 25 Issue 10, October 2025

<https://www.nature.com/nri/volumes/25/issues/1>

[Reviewed earlier]

### **New England Journal of Medicine Volume**

Volume 393 No. 20 November 20, 2025

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

*Perspective*

#### **[Restoring Confidence in Public Health](#)**

Peter Marks

**The field of public health was defined in a 1920 article by Charles-Edward Amory Winslow as the “science and the art of preventing disease, prolonging life, and promoting physical health through organized community efforts.”<sup>1</sup>** Its foundations had developed over hundreds of years, but it began to flourish in the 19th and 20th centuries. During that time, the implementation of hygienic and sanitary measures, health codes, vaccination programs, and harm-reduction policies led to advances, including notable reductions in morbidity and mortality — though they were sometimes accompanied by tension between an individual person’s rights and protection of the health of populations.<sup>2</sup>

**Unfortunately, past progress in public health is now at risk in the United States.** The current crisis has resulted from a confluence of interrelated factors, which can be understood by reference to what I might call the six “coms” (“com” aptly meaning “with” or “together”): complacency, commitment, commercialism, complexity, communication, and comportment.

**One major obstacle to progress in public health is complacency,** born of many Americans’ lack of direct exposure to major health threats that have been overcome thanks to public health advances. People who haven’t experienced the childhood illnesses of the past may not understand the potential dangers from the spread of infectious disease and its long-term consequences, such as postviral sequelae. In addition, because the benefits of preventive measures, for either an individual person or a population, may be difficult to perceive, it’s easy to focus instead on their potential risks.



**Second, beliefs in the United States about what kind of commitment humans owe to one another have changed radically over time.** Divides between the primary interests of all sorts of societal groups — such as the gap between the concerns of rural and urban populations — have continued to grow. In addition, some groups have exploited educational and economic inequities affecting public health to advance political objectives at the expense of the overall population's well-being. As a result, there seems to be greater tension than ever between individual choice and the collective welfare, which has been an issue since the implementation of such major public health initiatives as vaccine mandates. This loss of mutual commitment impedes society's ability to advance public health, as evidenced by increased morbidity and mortality from diseases such as measles, which have arisen from declining vaccination rates.<sup>3</sup>

**Third, commercialism and promises of easy cures have convinced some people that treatments for conditions including infectious diseases are readily at hand and obtainable for the right price,** undermining acceptance of appropriately developed public health interventions. Purveyors of such treatments provide easy access to products that lack demonstrated efficacy in what is essentially a "cash and carry" business. This unethical commercialism has proliferated to the extent that products such as unproven stem-cell therapies purporting to treat everything from arthritis to memory loss can be obtained easily throughout the United States. The false hope offered by many of these ineffective and occasionally dangerous products violates the fundamental tenets of medical practice and public health.

**Fourth, the explosion of medical knowledge over recent decades has created complexity that is extremely challenging to navigate.** During the 20th century, the rate of public health advances increased exponentially with the identification of determinants of disease, including the interplay of hereditary, environmental, and social factors. But even as the causation of diseases has become clearer, such complexity has become more difficult for public health professionals to understand and translate into concepts that can be communicated effectively to laypeople along with clear descriptions of residual uncertainty.

**Fifth, communication is now so rapid and voluminous that it has become difficult to sort through the body of work relevant to public health.** Since the Covid-19 pandemic, the Internet has increasingly been used to post research findings, and unrefereed manuscripts posted online are easily mistaken for appropriately peer-reviewed publications. It can thus be challenging to distinguish high-quality research and reproducible public health advances from all the noise. The proliferation of unvetted content on social media platforms generates further complications, as people who lack understanding of statistical methods reach broad audiences with stories of personal experiences that may not be reflective of population health problems or their solutions. False information communicated by individual people may also spread more rapidly than truthful information, owing to what Daniel Goleman has called "amygdala hijack," whereby the brain's rational capacity is overridden by a fear response, resulting in impulsive actions (such as immediately reposting information before taking the time to think through whether the information is even plausible).<sup>4</sup> And currently social media platforms provide no check on the spread of false information.

**Sixth, there is a crisis in comportment, or behavior, of public health leaders. Simply put, U.S. public health officials are no longer trusted by many Americans,** in part because elected officials of both parties have sometimes spread untruths about public health as a tool for pursuing purely political agendas. The effect of such deception has been erosion of trust in impartial public health experts who are committed to improving human health by communicating facts as well as uncertainties.

**Without intervention, the current crisis could have quite disturbing consequences. The loss of confidence in childhood vaccination's ability to protect against diseases could lead to an even greater resurgence in vaccine-preventable illnesses in the United States,** and the crisis of confidence in vaccination programs for influenza, Covid-19, and respiratory syncytial virus could markedly increase mortality among both children and adults. Americans' economic well-being and national security could also suffer, since the U.S. response to a future pandemic may be delayed if effective surveillance is not ongoing and nimble technologies are not trusted. Finally, the American

public may miss out on the tremendous advances in well-being made possible by developments in molecular medicine, whose benefits will accrue only to societies that are willing to work to understand and embrace scientific advances. Together, these consequences would amount to a reversal of centuries of progress in public health, triggered in significant part by our collective inability to navigate through a sea of falsehoods to meaningful truths.

**Given the magnitude of the problem, there is no surefire solution.** But some long-term changes will be necessary, and some essential interventions can be implemented immediately.

**Over the longer term, Americans will need to start preparing early, with improved and refocused scientific education in grade school.** All citizens need, and will continue to need, a basic level of scientific literacy that will enable them both to appreciate public health efforts and to make informed individual health care choices. As part of this education — and in ensuring that the broader population is well informed — experts, public health officials, and educators will need to emphasize the benefits of investment in public health measures for both individual people and society overall. Simultaneously, community leaders, religious leaders, and even politicians will need to work together toward renewal of the social contract ensuring that health benefits are disseminated to everyone.

**In the near term, everyone involved in public health can act to make a difference.** On a daily basis, we need to redouble our efforts to convey complex concepts clearly and accompany our explanations with concise descriptions of the relevant uncertainty. We also must take the time to have extended dialogues with people who have questions about public health topics and to work through their preconceived notions and concerns. Even if such exchanges don't change minds, patient and respectful dialogue can help restore trust among people along the entire socioeconomic spectrum. In addition, if this effort is to succeed in today's environment, everyone involved in public health and particularly public health leaders will need to recognize the importance of the powerful and prolific communication of accurate information through multiple widely accessible platforms.

**Finally, every single person involved, from frontline workers to national public health leaders, will need to commit wholeheartedly to the truthfulness, shared exchange, and mutual respect** that are essential to advancing public health. The current situation, in which public health has been woefully undermined, must change; that will happen only if we all individually do something about it. As former U.S. Surgeon General C. Everett Koop noted, "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time."<sup>5</sup> Because public health is critical for sustaining human well-being, all of us must have the courage to take on its current challenges.

## **NEJM Evidence**

Volume 4 No. 9 September 2025

<https://evidence.nejm.org/toc/evid/current>

*NEJM Evidence, a new monthly digital journal from NEJM Group, presents innovative original research and fresh, bold ideas in clinical trial design and clinical decision-making.*

[Reviewed earlier]

## **njp Vaccines**

<https://www.nature.com/npjvaccines/>

[Accessed 29 Nov 2025]

[No new digest content identified]

## **Pediatrics**

Volume 156, Issue 5 November 2025

<https://publications.aap.org/pediatrics/issue/156/5>

*From the American Academy of Pediatrics*

[Reviewed earlier]

### **PharmacoEconomics**

Volume 43, Issue 12 December 2025

<https://link.springer.com/journal/40273/volumes-and-issues/43-12>

[Reviewed earlier]

### **PLoS Biology**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

### **PLoS Genetics**

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

(Accessed 29 Nov 2025)

[No new digest content identified]

### **PLoS Global Public Health**

[https://journals.plos.org/globalpublichealth/search?sortOrder=DATE\\_NEWEST\\_FIRST&filterStartDate=2021-10-01&filterJournals=PLOSGlobalPublicHealth&q=&resultsPerPage=60](https://journals.plos.org/globalpublichealth/search?sortOrder=DATE_NEWEST_FIRST&filterStartDate=2021-10-01&filterJournals=PLOSGlobalPublicHealth&q=&resultsPerPage=60)

(Accessed 29 Nov 2025)

#### **[Characteristics of individuals who received a complete, 2-dose mpox vaccine regimen as part of the public health response to the mpox epidemic in Ontario, Canada](#)**

Ramandip Grewal, Cindy Lau, Jeffrey C. Kwong, Ann N. Burchell, Lindsay Friedman, Christine Navarro, Evaezi Okpokoro, Darrell H. S. Tan, Austin Zygmunt, Li Bai, Sharmistha Mishra, Sarah A. Buchan, for the Canadian Immunization Research Network (CIRN) Investigators

Research Article | published 26 Nov 2025 PLOS Global Public Health

<https://doi.org/10.1371/journal.pgph.0005452>

#### **[The Trump presidency: Cascading global shocks on global health](#)**

Lawrence O. Gostin

Review | published 26 Nov 2025 PLOS Global Public Health

<https://doi.org/10.1371/journal.pgph.0005385>

*[Closing excerpt]*

*...Solidarity forward*

In tumultuous times when nationalism is rising, the instinct is to retreat inwards. Yet, it is the exact opposite that offers the best chance of rising above isolationism and financial austerity. The world can emerge from cascading crises to a healthier future. And one day, perhaps less than four years from now, a new US president may return to international engagement, but in a more equal landscape not dominated by hegemons. If solidarity is the order of the day – solidarity with people around the world, especially those who are marginalized and living in vulnerable situations – it may be possible to imagine, and construct, a global system that will create a safer, healthier, and more resilient world.

#### **[Monitoring antimicrobial resistance trends from global genomics data: amr.watch](#)**

Sophia David, Julio Diaz Caballero, Natacha Couto, Khalil Abudahab, Nabil-Fareed Alikhan, Corin Yeats, Anthony Underwood, Alison Molloy, Diana Connor, Heather M. Shane, Philip M. Ashton, Hajo Grundmann, Matthew T.G. Holden, Edward J. Feil, Sonia B. Sia, Pilar Donado-Godoy, Ravikumar K.

Lingegowda, Iruka N. Okeke, Silvia Argimón, David M. Aanensen, on behalf of the NIHR Global Health Research Unit on Genomics and enabling data for the Surveillance of AMR  
Research Article | published 24 Nov 2025 PLOS Global Public Health  
<https://doi.org/10.1371/journal.pgph.0005256>

### **PLoS Medicine**

<https://journals.plos.org/plosmedicine/>  
(Accessed 29 Nov 2025)  
[No new digest content identified]

### **PLoS Neglected Tropical Diseases**

<http://www.plosntds.org/>  
(Accessed 29 Nov 2025)  
[No new digest content identified]

### **PLoS One**

<http://www.plosone.org/>  
[Accessed 29 Nov 2025]  
[No new digest content identified]

### **PLoS Pathogens**

<http://journals.plos.org/plospathogens/>  
[Accessed 29 Nov 2025]  
[No new digest content identified]

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

November 25, 2025 vol. 122 no. 47

<https://www.pnas.org/toc/pnas/122/47>

*Perspective* November 14, 2025

#### **[Ethical oversight in impact evaluations: External advisory committees to assess programming risks](#)**

Social scientists not only conduct impact evaluations but also participate in the design and implementation of the programs being evaluated. While Institutional Review Boards (IRBs) oversee research activities, they do not assess risks posed by the ...

Darin Christensen, et al.

### **PNAS Nexus**

Volume 4, Issue 11, November 2025

<https://academic.oup.com/pnasnexus/issue/4/11>

[New issue; No digest content identified]

### **Prehospital & Disaster Medicine**

Volume 40 - Issue 5 - October 2025

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

[Reviewed earlier]

**Preventive Medicine**

Volume 200 November 2025

<https://www.sciencedirect.com/journal/preventive-medicine/vol/200/suppl/C>

[Reviewed earlier]

**Proceedings of the Royal Society B**

November 2025 Volume 292 Issue 2058

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

[Reviewed earlier]

**Public Health**

Volume 246 September 2025

<https://www.sciencedirect.com/journal/public-health/vol/246/suppl/C>

[Reviewed earlier]

**Public Health Ethics**

Volume 18, Issue 2, July 2025

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

[Reviewed earlier]

**Public Health Genomics**

2025, Vol. 28, No. 1

<https://karger.com/phg/issue/28/1>

[Reviewed earlier]

**Public Health Reports**

Volume 140 Issue 5-6, Sep-Oct/Nov-Dec 2025

<https://journals.sagepub.com/toc/phrg/140/5-6>

[Reviewed earlier]

**Qualitative Health Research**

Volume 35 Issue 13, November 2025

<https://journals.sagepub.com/toc/QHR/current>

[Reviewed earlier]

**Research Ethics**

Volume 21 Issue 4, October 2025

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

[Reviewed earlier]

**Reproductive Health**

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

[Accessed 29 Nov 2025]  
[No new digest content identified]

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

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

*Latest Articles*

[No new digest content identified]

## **Risk Analysis**

Volume 45, Issue 11 Pages: 3331-4076 November 2025

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

### ***Special Issue: Risk Justice***

*EDITORIAL*

### **[Risk, Justice, and Democracy: Rethinking How Hazards Are Distributed](#)**

Jacqueline MacDonald Gibson, Seth D. Guikema

Pages: 3335-3336 First Published: 30 October 2025

## **Risk Management and Healthcare Policy**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

## **Royal Society Open Science**

November 2025 Volume 12 Issue 11

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

[Reviewed earlier]

## **Science**

Volume 390| Issue 6776| 27 Nov 2025

<https://www.science.org/toc/science/current>

*Editorial*

### **[My not-so-favorite year](#)**

H. Holden Thorp

*[Excerpt]*

As 2025 comes to a close, it's a good time to step back and assess one of the most tumultuous years in the history of American science. The second Trump administration has brought cuts to so many important efforts. Grants aimed at important aspects of science have been abruptly terminated, and the ability of science to welcome talent from all over the world was curtailed. Government attacks on the scientific enterprise have sent a discouraging message to future scientists, raising the specter of a lost generation of scientific talent in the United States. All of this has been compounded by the slashing of programs that allow people who have been traditionally excluded from science to participate more fully.

Perhaps even more dismaying is that the primary motivation for these painful losses is the political usefulness of attacking not just science, but higher education more broadly. How has the leadership of American academic science and its institutions contributed to the situation? Not everyone wants to engage in this discussion; in some portions of the internet, it's viewed as drawing a moral equivalence

with the actions of politicians. I disagree. A year into these onslaughts, there can be no better time to talk about how to strengthen science and make it less susceptible to attacks in the future...

#### *Policy Articles*

#### **Pasteur's quadrant researchers bring novelty, impact to publishing, and patenting**

BY E. Scharfmann, M. Marx, L. Fleming

27 Nov 2025: 891-893

A new dataset highlights distinctive contributions of scientists who both publish and patent their research

#### **Science and Engineering Ethics**

Volume 31, Issue 6 December 2025

<https://link.springer.com/journal/11948/volumes-and-issues/31-6>

[Reviewed earlier]

#### **Science Translational Medicine**

Volume 17| Issue 826| 26 Nov 2025

<https://www.science.org/toc/stm/current>

[New issue; No digest content identified]

#### **Scientific Reports**

<https://www.nature.com/srep/articles?type=article>

[Accessed 29 Nov 2025]

[No new digest content identified]

#### **Social Science & Medicine**

Volume 386 December 2025

<https://www.sciencedirect.com/journal/social-science-and-medicine/vol/386/suppl/C>

[Reviewed earlier]

#### **Systematic Reviews**

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

[Accessed 29 Nov 2025]

[No new digest content identified]

#### **Theoretical Medicine and Bioethics**

Volume 46, Issue 6 December 2025

<https://link.springer.com/journal/11017/volumes-and-issues/46-6>

[Reviewed earlier]

#### **Travel Medicine and Infectious Diseases**

Volume 67 September–October 2025

<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease/vol/67/suppl/C>

[Reviewed earlier]

## **Tropical Medicine & International Health**

Volume 30, Issue 11 Pages: 1145-1260 November 2025

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

[Reviewed earlier]

## **Vaccine**

Volume 68 5 December 2025

<https://www.sciencedirect.com/journal/vaccine/vol/67/suppl/C>

*Short communication Open access*

**[Report from the World Health Organization's Immunization and Vaccines-related Implementation Research Advisory Committee \(IVIR-AC\) meeting, virtual gathering, 1–5 September 2025](#)**

Philipp Lambach, Sheetal Silal, Alyssa N. Sbarra, Mitsuki Koh, ... Xuan-Yi Wang

Article 127903

*Review article Abstract only*

**[Adaptive clinical trial designs for rapid vaccine development: Developing country vaccine manufacturers' perspective](#)**

Manish Mahajan, Laura B. Martin, Kumar Gaurav, Rajinder Kumar Suri

Article 127890

*Review article Open access*

**[Vaccine hesitancy among migrant populations in Europe: A mixed-methods systematic review](#)**

Erika Khuu, Sohela Moussaoui, Nicolas Vignier, Kim Bonello, Elise Archer

Article 127954

*Review article Open access*

**[HPV vaccination coverage and determinants in adolescent girls with disability: a scoping review](#)**

Praneel Kumar, Deborah Bateson, Telma Costa, Saifuddin Ahmed, Carol Naidu

Article 127968

*Research article Open access*

**[Prioritization of future new vaccines introduction: The experience of the Ethiopian National Immunization Technical Advisory Group](#)**

Solomon Tessema Memirie, Telahun Teka, Amha Mekasha, Tewodros Alemayehu, ... Kamel Senouci

Article 127932

*Research article Open access*

**[Community interpretation of a consent form and willingness to participate in a Nipah virus vaccine trial in Bangladesh](#)**

Nazmun Nahar, Shahana Parveen, Emily S. Gurley, Probir Kumar Ghosh, ... Stephen P. Luby

Article 127953

## **Vaccines**

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

[Accessed 29 Nov 2025]

*Open Access Article*



## **Predictors of Willingness to Receive Monkeypox Vaccine in Palestine: A Cross-Sectional Study**

by Nuha El Sharif, Muna Ahmead and Munera Al Abed

Vaccines 2025, 13(12), 1205; <https://doi.org/10.3390/vaccines13121205> (registering DOI) - 29 Nov 2025

### *Abstract*

Background/Objective: While no human monkeypox (MPXV) infections have been reported in Palestine, the rapid global increase in cases, including in neighboring countries, necessitates proactive public health preparedness. This study aimed to assess Palestinians' willingness to receive MPXV vaccination and to identify associated [...]

### *Open Access Article*

## **Predictors of Willingness to Receive Monkeypox Vaccine in Palestine: A Cross-Sectional Study**

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## **Value in Health**

November 2025 Volume 28 Issue 11 p1601-1784

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

Reviewed earlier]

## **World Development**

Volume 196 December 2025

<https://www.sciencedirect.com/journal/world-development/vol/196/suppl/C>

[New issue; No digest content identified]

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### ***Contents [click to move among sections]***

:: [\*Milestones, Perspectives\*](#)

:: [\*WHO\*](#)

:: [\*Organization Announcements\*](#)

:: [\*Journal Watch\*](#)

:: [\*Pre-Print Servers\*](#)

.....  
.....

## ***Pre-Print Servers***

### **arXiv**

<https://arxiv.org/>

[Accessed 29 Nov 2025]

*[Filters: Emerging Technologies; Neural and Evolutionary Computing; Computers and Society; Genomics; Neurons and Cognition; Populations and Evolution; Other Quantitative Biology; General Economics]*

[No new digest content identified]

## **Gates Open Research**

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

[Accessed 29 Nov 2025]

*[Filter: All articles]*

[No new digest content identified]

## **medRxiv**

<https://www.medrxiv.org/content/early/recent>

[Accessed 29 Nov 2025]

*[Filter: All articles]*

### **[The Cost of Distrust: Governance Perceptions, Risk, and COVID-19 Vaccine Uptake in Africa—Evidence from the Afrobarometer Survey](#)**

Richmond Adda, Conrad Pwayirane

medRxiv 2025.11.26.25341108; doi: <https://doi.org/10.1101/2025.11.26.25341108>

### **[Cross-Program Secondary Analyses and Public Health Innovation: The RADx Data Hub as a Resource for Integrated COVID-19 Research](#)**

Keriyann Smith, Peter W. Rose, Thais Rivas, Nader Mehri, Oswaldo Alonso Lozoya, Liesl Jeffers-Francis, Marquee D. King, Mete U. Akdogan, Jasmine Snipe, Brandy Farlow, Michael A. Keller, Mark A. Musen, Stephanie Suber, Ashok Krishnamurthy

medRxiv 2025.11.26.25341110; doi: <https://doi.org/10.1101/2025.11.26.25341110>

### **[Monitoring of Open Science practices: a survey of 10 major medical journals](#)**

Constant Vinatier, Ayu Putu Madri Dewi, Guillaume Freyermuth, Margaux Millour, Maud Scheidecker, François-Joseph Arnault, Mathieu Acher, Vladislav Nachev, Tracey L. Weissgerber, Nicholas J. DeVito, Gwénaél Dumont, Gowri Gopalakrishna, Gauthier Le Bartz Lyan, Inge Stegeman, Mariska M. G. Leeflang, Florian Naudet

medRxiv 2025.11.26.25341061; doi: <https://doi.org/10.1101/2025.11.26.25341061>

### **[Economic evaluation of delaying the infant hepatitis B vaccination schedule](#)**

Eric W. Hall, Prabhu Gounder, Heather Bradley, Noele P. Nelson

medRxiv 2025.11.24.25340907; doi: <https://doi.org/10.1101/2025.11.24.25340907>

#### ***Abstract***

**Introduction** Children who acquire hepatitis B virus (HBV) infection in early childhood through perinatal, household or community exposures are at highest risk of all age groups for experiencing chronic infection and premature death. Universal administration of hepatitis B (HepB) vaccine for all infants <24 hours of birth and completing the childhood series remains the cornerstone for HBV elimination efforts in the United States. We evaluated the health and economic impact of delaying HepB vaccination among U.S. infants.

**Methods** We constructed a Markov model to simulate lifetime health outcomes and costs for the 3,628,934 infants born in the United States in 2024 for HBV infections acquired up to age 18 years. The model incorporated hepatitis B surface antigen (HBsAg) and hepatitis B e antigen (HBeAg) prevalence among birthing parents, percentage of pregnant parents tested for HBsAg during pregnancy or at delivery, vertical/perinatal and household/community HBV infection risks among children, and

resulting sequelae from chronic infection. Eight delayed vaccination scenarios were evaluated in which the first HepB dose was given at 2 months, 7 months, 4 years, or 12 years, applied either only to infants born to HBsAg-negative birth parent or to both HBsAg-negative and HBsAg-unknown birthing parents. Outcomes included acute and chronic HBV infections, cirrhosis, hepatocellular carcinoma, HBV-related deaths, quality-adjusted life-years (QALYs), life-years, and total healthcare costs from the healthcare system perspective. We modeled scenarios with perfect and imperfect adherence to the HepB vaccination schedule, and scenarios with or without additional HBV screening costs for those with delayed receipt of HepB vaccine.

**Results** All delayed vaccination scenarios resulted in more infections, worse health outcomes, and higher costs than the current universal birth dose recommendation. Under perfect adherence, delaying HepB vaccination by 2 months for infants of HBsAg-negative parents led to an additional 90 acute infections, 75 chronic infections, 29 HBV-related deaths, with \$16.4 million in added costs for infants born during one year. Delaying to 12 years resulted in an additional 190 acute infections, 50 deaths, and nearly \$30 million in added costs. Delaying HepB vaccination to 12 years for infants of both HBsAg-negative and HBsAg-unknown parents resulted in an additional 2,351 acute infections, 744 deaths, and \$368 million in excess costs. Imperfect adherence to the vaccination schedule amplified all negative outcomes substantially. Incorporating pre-vaccination serologic screening for delayed schedules markedly increased total costs.

**Conclusions** Even brief delays in HepB vaccine initiation substantially increase HBV infections, adverse health outcomes, and health system costs. Our results quantify and demonstrate the importance of the universal HepB birth dose in preventing perinatal and early childhood HBV transmission in the United States.

## OSF Pre-prints

<https://osf.io/preprints/discover?provider=OSF&subject=bepress%7CLife%20Sciences>

[Filter: OSF Pre-prints Subject filters: Medicine and Health Sciences Format Filter: Pre-prints]

[No new digest content identified]

## Wellcome Open Research

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

[Accessed 29 Nov 2025]

*Open Letter Open Access*

**[REVISED - Considerations in planning a controlled human infection model in at-risk groups in sub-Saharan Africa: the case for pneumococcal challenge in people living with HIV in Malawi and a report of stakeholder consultation](#)**

[version 2; peer review: 3 approved, 3 approved with reservations]

Klara Doherty, et al.

*Abstract*

Controlled human infection models offer a unique opportunity to understand infectious disease pathogenesis and have accelerated vaccine development and evaluations in malaria and typhoid. One major limitation of most CHIMs is that they are typically conducted in healthy young adults who are generally the population least affected by infectious disease, and who exhibit distinct disease profiles to more at-risk populations such as people living with HIV, young children, and older adults. However, the added value of studying these populations with high relevance is only desirable if it can be done safely, robustly and acceptably. We present a framework to guide the conduct of a controlled human infection model in people living with HIV using a case-example of an experimental human pneumococcal carriage model in a setting of high disease-burden and transmission.

*Plain language summary*

Controlled human infection models (CHIMs) are a research method in which an infection is safely introduced into volunteer participants to better in order to understand the infection and test vaccines

against it. These models are more efficient than traditional clinical studies because they require fewer participants. Most CHIMs have focused on healthy young adults, who are not the ones most affected by infectious diseases and have a distinct infection profile and vaccine response compared to population with a greater burden of infectious disease such as older adults and people living with HIV. Recently researchers have started to include these high-burden populations in CHIMs but safety and ethics are critical considerations before embarking on such studies. We propose a framework for safely and ethically conducting CHIMs in people living with HIV in order to advance research in this key population. We use a case example of a CHIM of pneumococcal carriage in the nose of people living with HIV in Malawi.

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### **Think Tanks**

**Brookings** [to 29 Nov 2025]

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

*Research, Events*

*No new digest content identified.*

**Center for Global Development** [29 Nov 2025]

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

*All Research*

*Research, Events*

*No new digest content identified.*

**Chatham House** [to 29 Nov 2025]

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

*Selected Analysis, Comment, Events*

*No new digest content identified.*

**Council on Foreign Relations** [29 Nov 2025]

<https://www.cfr.org/media/news-releases>

*New Releases [Selected]*

*No new digest content identified.*

**CSIS** [29 Nov 2025]

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

*Reports [Selected]*

*No new digest content identified.*

**McKinsey Global Institute** [to 29 Nov 2025]

<https://www.mckinsey.com/mgi/overview>

*Featured Research*

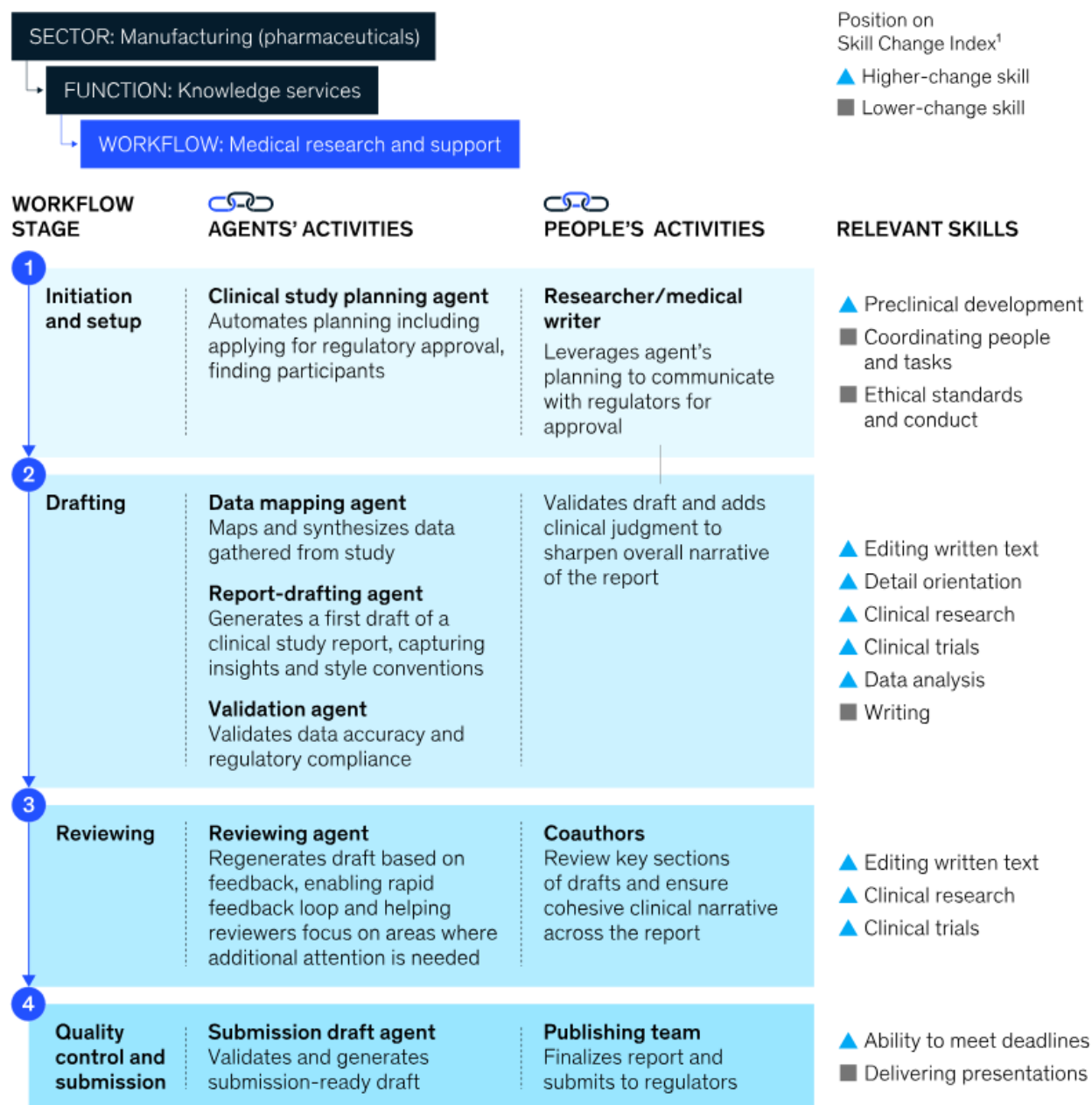
**Agents, robots, and us: Skill partnerships in the age of AI**

McKinsey Global Institute

November 25, 2025 -

## Streamlining clinical study reporting workflows could enhance collaboration between people and agents.

Illustration: People–agent collaboration at a global pharmaceutical company



<sup>1</sup>Based on MGI's Skill Change Index (SCI). Lower-change skills are in the first and second quartiles of SCI, while higher-change skills are in the third and fourth quartiles.  
Source: McKinsey Global Institute analysis

AI is expanding the productivity frontier. Realizing its benefits requires new skills and rethinking how people work together with intelligent machines.

### *At a glance*

- Work in the future will be a partnership between people, agents, and robots—all powered by AI. Today's technologies could theoretically automate more than half of current US work hours. This reflects how profoundly work may change, but it is not a forecast of job losses. Adoption will take time. As it unfolds, some roles will shrink, others grow or shift, while new ones emerge—with work increasingly centered on collaboration between humans and intelligent machines.
- Most human skills will endure, though they will be applied differently. More than 70 percent of the skills sought by employers today are used in both automatable and non-automatable work. This overlap means most skills remain relevant, but how and where they are used will evolve.
- Our new Skill Change Index shows which skills will be most and least exposed to automation in the next five years. Digital and information-processing skills could be most affected; those related to assisting and caring are likely to change the least.
- Demand for AI fluency—the ability to use and manage AI tools—has grown sevenfold in two years, faster than for any other skill in US job postings. The surge is visible across industries and likely marks the beginning of much bigger changes ahead.
- By 2030, about \$2.9 trillion of economic value could be unlocked in the United States—if organizations prepare their people and redesign workflows, rather than individual tasks, around people, agents, and robots working together.

**ODI** [Overseas Development Institute] [to 29 Nov 2025]

<https://odi.org/en/publications/>

*Publications [Selected]*

### **Navigating the politics of backlash to sexual and reproductive health and rights**

24 November 2025

*Policy lessons from Kenya, Sierra Leone and The Gambia*

Following an in-depth political economy analysis of three policy initiatives with significant consequences for gender equality and reproductive rights in Kenya, Sierra Leone and The Gambia, this policy brief distills essential lessons for both national and international actors wanting to advance progressive reforms.

**Pew Research Center** [to 29 Nov 2025]

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

*Latest Publications*

*short reads* Nov 25, 2025

### **Nearly 8 in 10 Americans say politicians should avoid heated or aggressive speech**

Most Americans (78%) say elected officials should avoid using heated or aggressive language because it could encourage some people to take violent action.

**Rand** [to 29 Nov 2025]

<https://www.rand.org/pubs.html>

*Published Research [Selected]*

*Research* Nov 25, 2025

### **Toward Comprehensive Benchmarking of the Biological Knowledge of Frontier Large Language Models**

The authors evaluate the most-capable artificial intelligence (AI) models (as of May 2025) against eight knowledge benchmarks to determine the degree to which frontier AI models pose a risk of helping bad actors create biological or chemical weapons.

**Urban Institute** [to 29 Nov 2025]  
<https://www.urban.org/research>  
*New Research Publications - Selected*  
*No new digest content identified.*

**World Economic Forum** [to 29 Nov 2025]  
<https://agenda.weforum.org/press/>  
*Media [Selected]*  
*No new digest content identified.*

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### ***Public Consultations/Call for Inputs/Call for Papers***

**Malaria: Developing Drugs for Treatment; Draft Guidance for Industry; Availability**  
A Notice by the Food and Drug Administration on 09/23/2025. **Comment period ends 12/22/2025.**  
Docket No. FDA-2025-D-0918

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#### ***Contents [click to move among sections]***

:: [\*Milestones, Perspectives\*](#)  
:: [\*WHO\*](#)  
:: [\*Organization Announcements\*](#)  
:: [\*Journal Watch\*](#)  
:: [\*Pre-Print Servers\*](#)

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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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