Societal vaccinology

The Netherlands public sector vaccine development, production and technology transfer in the context of global health

Hendriks, J.T.

Link to publication

Creative Commons License (see https://creativecommons.org/use-remix/cc-licenses):
Other

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (http://dare.uva.nl)

Download date: 19 Oct 2020
1. Vaccinology is a science and technology field that next to research and development includes manufacturing, licensing and programmatic implementation in vaccination programmes


2. The dominating market-oriented government policies which led to the privatisation of critical vaccinology infrastructure in the Netherlands has gone accompanied with a loss of global public health value creation

Plahte, J. (2012), Vaccine, 30(14): 2426-6

3. There is no evidence that the pneumococcal Advanced Market Commitment has speeded innovation of pneumococcal vaccines or has contributed to production capacity expansion among emerging vaccine manufacturers

4. China will be a main supply source of affordable children vaccines for developing countries in the very near future

5. The creation of sustainable regional quality vaccine manufacturing capacity in Africa should become a global development priority

6. A fair vaccine price is not equal to what a buyer is willing to pay

   MSF Access Campaign

7. Timely mass application of generic statins and angiotensin receptor blockers during the 2014 Ebola epidemic in West Africa would have saved lives


8. Quadrivalent inactivated seasonal influenza vaccines offer little additional public health value over trivalent inactivated seasonal influenza vaccines in developing countries while they are significantly more expensive and carry more risk as regards timely availability and safety hazards

   Hendriks, J. et al., in preparation

9. The possibility of a causal relationship between a secondment to an international organisation and personal health risks needs to be thoroughly explored

Propositions belonging to the thesis, entitled:

“Societal Vaccinology. The Netherlands public sector vaccine development, production and technology transfer in the context of global health”

Jan Hendriks

Amsterdam, 29 March 2017