
Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

Report on implementation

Executive Summary¹

Report by the Director-General

1. In resolution WHA64.5 (2011), the World Health Assembly adopted the Pandemic Influenza Preparedness Framework (the “PIP Framework”), which is guided by two objectives: to improve the detection and sharing of influenza viruses with human pandemic potential and to establish more equitable access to the resulting benefits (such as vaccines, antiviral medicines).

2. Section 7.4.1 of the Framework requires the Director-General to inform the World Health Assembly, on a biennial basis, about the status of and progress on the Framework’s implementation in five areas: laboratory and surveillance capacity; global influenza vaccine production capacity; status of agreements entered into with industry, including information on access to vaccines, antivirals and other pandemic material; financial report on the use of the partnership contribution; and the experience arising from the use of the definition of PIP biological materials.

LABORATORY AND SURVEILLANCE CAPACITY

3. Partnership contribution² resources are being used to strengthen the Global Influenza Surveillance and Response System– the WHO–coordinated network of public health laboratories which underpins the PIP Framework. Reporting of influenza-related data has steadily increased and has exceeded the targets established by the Partnership Contribution, with 91 countries consistently reporting epidemiological data (target = 71) and 130 reporting virological data (target = 124) as at 31 December 2017.

¹ The full report can be found at http://www.who.int/influenza/pip/PIP_BR_2018.pdf (accessed 29 March 2018).

² Each year influenza vaccine, diagnostic and pharmaceutical manufacturers that use the Global Influenza Surveillance and Response System are to make a total cash contribution (“the Partnership Contribution”) of US\$ 28 million to WHO for pandemic preparedness and response.

4. There are, however, ongoing challenges regarding sharing influenza viruses with pandemic potential with the Global Influenza Surveillance and Response System. To address some of the issues and operationalize relevant articles in the PIP Framework, WHO has developed guidance on selecting and sharing influenza viruses with pandemic potential with WHO Collaborating Centres.

GLOBAL INFLUENZA VACCINE PRODUCTION CAPACITY

5. The Global Action Plan for Influenza Vaccines ended in 2016, having facilitated the quadrupling of potential pandemic influenza vaccine production capacity to 6.4 billion doses.¹ Global vaccine production, nonetheless, remains insufficient and challenges to maintaining current production capacity persist.

STATUS OF AGREEMENTS WITH INDUSTRY, INCLUDING INFORMATION ON ACCESS TO VACCINES, ANTIVIRALS AND OTHER PANDEMIC MATERIAL

6. WHO has concluded 11 Standard Material Transfer Agreements 2 with vaccine and antiviral manufacturers. These agreements will provide WHO with access to approximately 400 million doses of pandemic vaccine and 10 million antiviral treatment courses for countries in need during the next pandemic.

7. One agreement has been concluded with a diagnostic manufacturer and negotiations are under way with companies that produce other pandemic-related products. A total of 65 agreements have been concluded with research and academic institutions and biotechnology companies.

FINANCIAL REPORT ON THE USE OF THE PARTNERSHIP CONTRIBUTION

8. As at 31 December 2017, manufacturers had contributed over US\$ 139 million to improve pandemic preparedness capacity. Resources are allocated to pandemic preparedness (70%) and response (30%). The PIP Secretariat uses a portion of funds, not exceeding 10%. During the biennium 2016–2017, approximately US\$ 40 million were provided to enhance preparedness at the country, regional and global levels.

9. The Partnership Contribution Implementation Plan I (2013–2017) guided the use of preparedness funds to strengthen capacities in five areas of work in 73 countries. In 2017, the Partnership Contribution Implementation Plan II (2018–2023) was developed and approved. It will build on the achievements and lessons learned from the first implementation plan and include a new area of work on pandemic influenza preparedness planning.

EXPERIENCE ARISING FROM THE USE OF THE DEFINITION OF PIP BIOLOGICAL MATERIALS

10. In accordance with section 5.2.4 of the Framework, the PIP Advisory Group, with extensive consultation, has continued its work on the best process for further discussion and resolution of issues relating to the handling of genetic sequence data under the Framework. In accordance with paragraph 8(b) of decision WHA70(10) (2017) the Director-General is conducting an analysis of the

¹ Estimate based on established production capacity for seasonal vaccines.

implications of pursuing – or not pursuing – possible approaches to including seasonal influenza viruses and genetic sequence data under the PIP Framework.

ACTION BY THE HEALTH ASSEMBLY

11. The Health Assembly is requested to note the report.

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