World Health Organization

EXECUTIVE BOARD
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Influenza preparedness

Report by the Director-General

Background

1. In August 2020, the Seventy-third World Health Assembly adopted decision WHA73(14) on influenza preparedness. The decision included a request to the Director-General to report on implementation of the decision to the Seventy-fifth World Health Assembly through the Executive Board at its 150th session.

2. This report describes progress in strengthening influenza preparedness, notably in implementing the actions requested in decision WHA73(14), and areas where the capacities and systems developed for influenza preparedness have supported the coronavirus disease (COVID-19) pandemic response.

Engagement with Member States and stakeholders

3. The Secretariat used different opportunities to reach out to Member States and relevant stakeholders and to provide them with updates on progress in implementing decision WHA73(14). Examples include developing a pre-recorded briefing on key achievements and challenges in implementing the decision, which was distributed to Member States and relevant stakeholders in July 2021, and distributing a questionnaire to seek feedback on WHO's implementation of the decision, including specific operative paragraphs.

Operative paragraph (1): Global Influenza Strategy 2019–2030

4. In decision WHA73(14), the Health Assembly noted the release of the Global Influenza Strategy 2019–2030. The Secretariat is developing the first biennial report on its implementation, which will provide details on activities undertaken to date towards achieving the Strategy's two high-level outcomes: better global tools and stronger country capacities. The report is expected to be published by the end of 2021 and will be available online.

Operative paragraph (2)(a): National influenza pandemic preparedness plans and vaccination programmes

5. Through its guidance on pandemic influenza risk management published in 2017,[1] WHO encourages countries to develop, test and update national influenza pandemic preparedness plans to

[1] Pandemic influenza risk management: a WHO guide to inform and harmonize national and international pandemic preparedness and response. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/259893, accessed 20 October 2021).

reflect a risk-based approach so that national plans are flexible, account for national risk assessments, and take into consideration global risk assessments conducted by WHO.

6. The Secretariat previously developed a package of tools for use by countries in developing and updating their national influenza pandemic preparedness plans and in conducting simulation exercises.[1] The Secretariat has begun a process to review its pandemic influenza risk management guidance in order to identify areas that can be strengthened based on lessons learned from the COVID-19 pandemic response.

7. In 2013, the Pandemic Influenza Preparedness (PIP) Framework Advisory Group identified five areas of work for focused investments by WHO with the Partnership Contribution preparedness funds. A sixth area on planning for pandemic influenza was added in 2018. Through the sixth area of work, and in alignment with the guidance on pandemic influenza risk management, the Secretariat provides support to countries to develop, test and update their national influenza pandemic preparedness plans. As of June 2021, of the 63 countries that received PIP Partnership Contribution Preparedness funds for pandemic influenza preparedness planning in the 2020–2021 biennium, 35 countries had a plan based on pandemic influenza risk management. Additionally, all 40 countries that received 2018–2019 PIP Partnership Contribution preparedness funds for pandemic influenza preparedness planning were able to develop a COVID-19 response plan in 2020, and 36 of them developed their plans based on their national influenza pandemic preparedness plan within four months after the declaration of the public health emergency of international concern.

8. Safe and efficacious seasonal influenza vaccines are critical to influenza prevention and control efforts, and WHO recommends annual seasonal influenza vaccination as the best intervention for preventing disease and reducing disease severity and societal burden due to influenza. In 2012, WHO released its seasonal influenza vaccination position paper, which recommended the vaccination of priority target groups, including pregnant women, children aged 6–59 months, older adults, individuals with specific chronic medical conditions, and health workers.[2]

9. The Secretariat has developed an influenza vaccination toolbox, which includes relevant tools and guidance related to influenza vaccine programme development and strengthening for use by Ministry of Health officials, vaccinators, health workers, researchers and other stakeholders.[3]

10. In addition, the Secretariat is providing support to countries to develop or expand their seasonal influenza vaccination policies and programmes by addressing influenza vaccine hesitancy through understanding and assessing influenza vaccine acceptance, demand and uptake.

Operative paragraph (2)(b): Seasonal influenza vaccines, diagnostics and treatments

11. Seasonal influenza prevention and control is possible due to a comprehensive package of interventions, including public health and social measures (such as hand hygiene, physical distancing and respiratory hygiene/etiquette), vaccines, diagnostics and treatments.

[1] The relevant resources are available at https://www.who.int/teams/global-influenza-programme/public-health-preparedness (accessed 20 October 2021).

[2] The position paper is available at https://apps.who.int/iris/bitstream/handle/10665/241993/WER8747_461-476.PDF?sequence=1&isAllowed=y (accessed 20 October 2021).

[3] The toolbox is available at https://www.who.int/teams/global-influenza-programme/vaccines/influenza-vaccination-toolbox (accessed 20 October 2021).

12. The Global Influenza Strategy 2019–2030 encourages all countries to establish seasonal influenza prevention and control programmes to protect the vulnerable and contribute to universal health coverage by ensuring access to all available tools. Additionally, the Secretariat has provided support to countries to ensure optimal management of influenza during the COVID-19 pandemic, including by providing recommendations for maintaining influenza surveillance, prevention and control, clinical management, protection of specific populations, and risk communications and community engagement.[1]

13. Since early 2020, global influenza transmission has been at historic lows, likely due to the preventive measures put in place for COVID-19. The Secretariat has engaged in a series of projects to review and synthesize the available evidence of the impact of public health and social measures on COVID-19. The outcomes will guide and strengthen the collective approach to public health and social measures as a part of epidemic and pandemic preparedness, including for influenza.

14. Safe and efficacious influenza antivirals are available to support the clinical management of patients with or at risk for severe influenza. The Secretariat is updating its guidelines for the clinical management of severe influenza illness to guide clinicians in the care of patients with, or at risk of, severe influenza illness, including those caused by seasonal, zoonotic and pandemic influenza viruses. The guidelines will provide recommendations for treatment with antivirals and adjunctive therapies and the use of diagnostic testing strategies to guide clinical management.

15. Work is being undertaken under the PIP Framework to negotiate voluntary supply agreements with different antiviral manufacturers. In so doing, WHO is putting in place options for access to antivirals that may prove useful against the next influenza virus with pandemic potential.

Operative paragraph (2)(c): Pandemic Influenza Preparedness Framework

16. Between January 2012 and September 2021, US$ 241 million have been collected under the PIP Partnership Contribution. Of that, US$ 134 million have been allocated to preparedness and over US$ 102 million have been implemented to date. Approximately US$ 61 million is available in the Pandemic Response Fund, which will be available immediately upon the declaration of the next influenza pandemic.

17. WHO has concluded 14 Standard Material Transfer Agreements 2 with vaccine manufacturers. All commitments under the Agreements are made as a percentage of real-time production. In terms of quantities, the Standard Material Transfer Agreements 2 provide guaranteed access by WHO to a little more than 10% of future pandemic influenza vaccine production, most of which will be donated to WHO.

18. Through the Partnership Contribution preparedness fund, WHO is supporting countries to improve capacities to detect, understand and respond to the emergence of a new influenza virus that could cause a pandemic. Projects have been implemented in 83 countries to address one or more of these objectives, including for example strengthening surveillance, conducting disease burden studies and ensuring efficient regulatory systems for vaccine emergency authorization.

[1] The readiness for influenza during the COVID-19 pandemic policy brief is available at https://www.who.int/publications/i/item/WHO-2019-nCoV-Influenza-readiness-COVID-19-2020.1 (accessed 20 October 2021).

19. Influenza capacities strengthened since 2014 have had a significant impact in the COVID-19 response. As reported every six months in the PIP Framework progress reports,[1] highlights include the following:

(a) 66 countries integrated COVID-19 into their sentinel surveillance systems for influenza and use an established influenza platform to report and share COVID-19 data;

(b) 45 of 48 PIP target countries for the regulatory area of work, which were selected based on their gaps during the 2009 pandemic, were able to authorize COVID-19 vaccines within the first 15 days after WHO issued emergency use listing;

(c) the OpenWHO platform that was created and supported under the PIP Framework through 2018 is now institutionalized and has been used extensively for COVID-19 knowledge transfer, with over 5 million enrolments across 33 different courses.

Operative paragraph (2)(d): Global Influenza Surveillance and Response System

20. As of 2020, the Global Influenza Surveillance and Response System had grown to over 150 institutions in 125 countries. This includes 147 National Influenza Centres in 123 countries, seven WHO Collaborating Centres, four WHO Essential Regulatory Laboratories, and 13 WHO H5 Reference Laboratories.

21. When the virus responsible for COVID-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), emerged in 2019, the Global Influenza Surveillance and Response System was rapidly leveraged to respond and has continued to support the global response to the COVID-19 pandemic.

22. The Global Influenza Surveillance and Response System has provided significant virus detection and sequencing capacities to the COVID-19 pandemic response. As at June 2021:

(a) Over 90% of National Influenza Centres were testing for COVID-19; and

(b) 92 Global Influenza Surveillance and Response System laboratories from 75 countries had submitted whole genome sequences of SARS-CoV-2 to GISAID, thereby vastly expanding the geographic representation of SARS-CoV-2 genomic sequences.

23. In line with the recommendations of the International Health Regulations (2005) Emergency Committee for COVID-19, the Secretariat encourages countries to leverage influenza capacities for COVID-19 and to support an integrated, end-to-end approach to sentinel surveillance of influenza and SARS-CoV-2 that encompasses sampling all the way to genetic sequencing and sequence data sharing.

24. Further to this integrated approach, the Secretariat is exploring opportunities for systematically enhancing the Global Influenza Surveillance and Response System to serve as an integrated system for surveillance and monitoring of respiratory viruses with epidemic and pandemic potential. This vision for an expanded Global Influenza Surveillance and Response System, referred to as "GISRS+", builds upon the success of leveraging the System for the COVID-19 pandemic response as well as the previous integration of respiratory syncytial virus surveillance and monitoring into it in 2015. The Secretariat has engaged with Member States, Global Influenza Surveillance and Response System members and

[1] PIP Framework progress reports are available at https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/partnership-contribution (accessed 20 October 2021).

stakeholders to solicit initial feedback on the strengths, challenges, opportunities and priorities for GISRS+.

25. The Secretariat continues to encourage the rapid, systematic and timely sharing of seasonal influenza viruses and influenza viruses with pandemic potential. Instances where national regulations, legislation or other administrative measures have had an impact on virus sharing within the Global Influenza Surveillance and Response System have previously been described.[1]

26. Additional instances have emerged where national access and benefit-sharing requirements have affected the sharing of seasonal influenza virus, including among countries that are parties to the Nagoya Protocol to the Convention on Biological Diversity.[2] Uncertainties have arisen as to whether the terms of reference of Global Influenza Surveillance and Response System institutions fully address the use of seasonal influenza viruses for the development of candidate vaccine viruses, which are precursors for seasonal influenza vaccine production.

27. The Secretariat is engaging with Member States, Global Influenza Surveillance and Response System members and the secretariat of the Convention on Biological Diversity to identify solutions and seek greater clarity on the sharing and use of seasonal influenza viruses.

Operative paragraph (2)(e): Synergies among influenza preparedness and response, International Health Regulations (2005) and immunization programmes

28. Through the Global Influenza Strategy, WHO promotes synergies among influenza preparedness and response capacity-building, International Health Regulations (2005) and immunization programmes.

29. The Secretariat has developed a pandemic influenza vaccine response operational plan, which expands upon the pandemic influenza risk management guidance and clarifies the roles, responsibilities, processes and triggers for vaccine response at the beginning of an influenza pandemic. The plan identifies WHO's declaration of an influenza pandemic as a critical trigger for the vaccine response, including triggering the PIP Framework benefit-sharing mechanisms. At this time, the process associated with, and the requirements for, an influenza pandemic declaration by WHO need greater clarity. The Secretariat intends to build upon existing work, including the pandemic influenza vaccine response operational plan, to identify and advance opportunities for clarifying the processes and requirements for declaring an influenza pandemic. This work will be done in collaboration with the Global Influenza Surveillance and Response System, seeking advice from the PIP Advisory Group and other experts, and will provide the Director-General with options for strengthening the policy basis for declaring an influenza pandemic.

[1] Document EB146/18.

[2] Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity: text and annex. Available at https://www.cbd.int/abs/doc/protocol/nagoya-protocol-en.pdf (accessed 1 November 2021).

Operative paragraph (2)(f): Global influenza vaccine production capacity, supply chains and distribution networks

30. The Secretariat regularly monitors global influenza vaccine production capacity, and in 2021, published updated figures based on a 2019 survey.[1]

31. To address the Assembly's request in paragraph (2)(f) of decision WHA73(14), the Secretariat sought feedback from Member States and other stakeholders, through an online questionnaire, on gaps in and priorities for influenza vaccine production capacity, supply chains and distribution networks.

32. The Secretariat will continue to consult with Member States and relevant stakeholders on this issue and identify a path forward, which will support the Global Influenza Strategy's high-level outcome on better global tools.

ACTION BY THE EXECUTIVE BOARD

33. The Executive Board is invited to note this report. In its discussions, the Board may wish to focus on:

- suggestions for expanding the Global Influenza Surveillance and Response System to include other respiratory viruses with epidemic and pandemic potential; and
- guidance for further sensitizing Member States to the importance of timely influenza virus sharing and use.

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[1] Sparrow E, Wood JG, Chadwick C, Newall AT, Torvaldsen S, Moen A et al. Global production capacity of seasonal and pandemic influenza vaccines in 2019. Vaccine. 2021;39:512–20. doi:10.1016/j.vaccine.2020.12.018.