



世界衛生大會 決議

قرار جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

FIFTY-SIXTH WORLD HEALTH ASSEMBLY

WHA56.19

Agenda item 14.14

28 May 2003

Prevention and control of influenza pandemics and annual epidemics

The Fifty-sixth World Health Assembly,

Recalling resolutions WHA22.47 and WHA48.13;

Recognizing that influenza viruses are responsible for seasonal epidemics that sicken millions worldwide and cause fatal complications in up to one million people each year;

Further recognizing that many of these deaths could be prevented through increased use, particularly in people at high risk, of existing vaccines, which are safe and highly effective;

Welcoming the contribution of global influenza surveillance, coordinated by WHO, to the annual determination of the antigenic composition of influenza vaccines and to early recognition of conditions conducive to a pandemic, and the assistance provided by WHO to timely manufacturing of influenza vaccines;

Expressing concern that the health burden and economic impact of influenza in developing countries are poorly documented, and that recent evidence suggests higher rates of fatal complications associated with poor nutritional and health status and limited access to health services;

Further concerned by the general lack of national and global preparedness for a future influenza pandemic, particularly in view of the recurrence of such pandemics and the high mortality, social disruption and economic costs that they invariably cause and which may be exacerbated by rapid international travel, the recent worldwide increase in the size of at-risk populations and the development of resistance to first-line antiviral drugs;

Recognizing the need for improved vaccine formulations, increased manufacturing capacity for vaccines, more equitable access to antiviral drugs, and strengthened disease surveillance as part of national and global pandemic preparedness;

Noting that better use of vaccines for seasonal epidemics will help to ensure that manufacturing capacity meets demand in a future pandemic, and that pandemic preparedness plans will help to make the response to seasonal epidemics more rational and cost-effective as well as preventing numerous deaths;

Noting with satisfaction the consensus reached by the WHO Consultation on Global Priorities in Influenza Surveillance and Control (Geneva, May 2002) on the first Global agenda on influenza surveillance and control, which provides a plan for coordinated activities to improve preparedness for both seasonal epidemics and a future pandemic;¹

Further noting with satisfaction WHO's work on influenza pandemic preparedness planning and its intention to draw up a model plan,

1. URGES Member States:

(1) where national influenza vaccination policies exist, to establish and implement strategies to increase vaccination coverage of all people at high risk, including the elderly and persons with underlying diseases, with the goal of attaining vaccination coverage of the elderly population of at least 50% by 2006 and 75% by 2010;

(2) where no national influenza vaccination policy exists, to assess the disease burden and economic impact of annual influenza epidemics as a basis for framing and implementing influenza prevention policies within the context of other national health priorities;

(3) to draw up and implement national plans for preparedness for influenza pandemics, giving particular attention to the need to ensure adequate supplies of vaccine, antiviral agents, and other vital medicines, as outlined in the Global agenda on influenza surveillance and control;

(4) to contribute to heightened preparedness for epidemics and pandemics through strengthening of national surveillance and laboratory capacity and, where appropriate, increased support to national influenza centres;

(5) to support research and development on improved influenza vaccines, and also effective antiviral preparations, particularly concerning their suitability for use in developing countries, in order to obtain an influenza-vaccine formulation that confers long-lasting and broad protection against all influenza virus strains;

2. REQUESTS the Director-General:

(1) to continue to combat influenza by advocating new partnerships with organizations of the United Nations system, bilateral development agencies, nongovernmental organizations and the private sector;

(2) to continue to provide leadership in coordinating the prioritized activities for epidemic and pandemic preparedness set out in the Global agenda on influenza surveillance and control;

(3) to provide support to developing countries in assessing the disease burden and economic impact of influenza and in framing and implementing appropriate national policies for influenza prevention;

¹ Global agenda on influenza – adopted version. Part I. *Weekly Epidemiological Record* 2002; 77:179-182. Adoption of Global agenda on influenza – Part II. *Weekly Epidemiological Record* 2002; 77:191-195.

- (4) to continue to strengthen global influenza surveillance as a crucial component of preparedness for seasonal epidemics and pandemics of influenza;
- (5) to provide technical support to Member States in the preparation of national pandemic preparedness plans, including guidance on estimating the demand for vaccines and antiviral drugs;
- (6) to search jointly with other international and national partners, including those in the private sector, for solutions to reduce the present global shortage of, and inequitable access to, influenza vaccines and antiviral drugs, and also to make them more affordable, both for epidemic and global pandemic situations;
- (7) to keep the Executive Board and Health Assembly informed of progress.

Tenth plenary meeting, 28 May 2003
A56/VR/10

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