



Strengthening pandemic-influenza preparedness and response, including application of the International Health Regulations (2005)

Report by the Secretariat

1. A meeting on avian influenza and human pandemic influenza, convened jointly by WHO, FAO, the World Bank and OIE (7-9 November 2005) reviewed the status of avian influenza in animals and assessed the related risks to human health, including those that would arise following the emergence of a pandemic virus. Concern about the consequences of such an event steered discussions on human health matters towards consideration of two main sets of actions. These were aimed at preventing the emergence of a pandemic virus or, should this prove impossible, delaying the initial international spread of a pandemic; and preparing all countries to cope with a pandemic in ways that reduce morbidity and mortality and mitigate economic and social disruption. It was agreed that the risk of a pandemic was a shared and significant concern for all countries, and that actions to prevent a pandemic or mitigate its consequences were likewise a responsibility shared by all countries.¹

2. Participants attached great importance to the early detection, rapid diagnostic confirmation, and thorough investigation of human cases of infection with the highly pathogenic H5N1 strain of *Influenzavirus A*. In this regard, rapid and transparent reporting of cases and information acquired during their investigation was especially critical. Rapid, reliable and complete epidemiological data were needed in order to assess possible changes in the pandemic risk and thus declare an appropriate phase of pandemic alert. Rapid sharing of clinical samples and viruses with WHO-affiliated laboratories was equally important, as molecular study of viruses is another mechanism for detecting early signals that a pandemic may be imminent. The success of early intervention, with WHO's stockpile of antiviral drugs, near the start of a pandemic, aimed at preventing a pandemic or delaying its early spread, would depend, to a large extent, on sensitive surveillance and rapid reporting.

3. As noted during the meeting, not all countries affected by outbreaks of highly pathogenic H5N1 avian influenza in poultry have adequate surveillance systems and laboratory capacity for detecting associated human cases of infection. Improvement of capacity to detect human cases was identified as one of the highest priorities for funding to assist affected or at-risk countries. For various reasons, not all information formally requested by WHO is being provided in a timely manner. Such inadequacies hinder risk assessment and reduce the chances for successful preventive intervention near the start of a pandemic.

¹ The closing remarks of the Director-General to the meeting are contained in document EB117/31, Annex.

4. For all these reasons, participants had asked that proposals for the immediate voluntary compliance with relevant provisions of the International Health Regulations (2005) before their entry into force should be submitted to the Executive Board for consideration during its 117th session. Doing so would allow the international community to benefit immediately from the Regulations, which were revised and strengthened to make them an effective legal instrument for responding to public health risks and emergencies of international concern in the unique conditions of the twenty-first century.

PROPOSALS FOR VOLUNTARY COMPLIANCE

5. The Regulations set out requirements and responsibilities, establish mechanisms and procedures for undertaking required activities, and specify time frames for completing activities of particular urgency.¹ They also provide for dialogue with affected countries, and the international community, whereby countries agree to meet certain requirements and time frames and, when unable to do so, can request specific technical support from WHO and seek collaboration and assistance, including the mobilization of financial support, from the international community. The strengthening of surveillance and response capacity to enable countries to respond to the pandemic risk would also strengthen capacity to defend the world against many other emerging and epidemic-prone diseases. In this regard, the general core-capacity requirements for surveillance and response set out in Annex 1 of the Regulations can be used as guidance for countries requesting or providing assistance in the present threat of pandemic influenza. This threat also serves to emphasize the urgent need to continue and enhance WHO's assistance to developing countries in establishing these capacities, as called for in paragraph 6(6) of resolution WHA58.3.

6. Several provisions in the Regulations could be applied immediately to improve information sharing and risk assessment, expedite communications, and harmonize measures implemented by countries, particularly pertaining to international travel. The Regulations include a procedure for determining when an event constitutes a public health emergency of international concern, at which point a set of mechanisms becomes operational. Under the Regulations, a case of human influenza caused by a new virus subtype must be notified to WHO and is an event that may constitute a public health emergency of international concern. For dealing with such emergencies, the Regulations also set out a procedure, led by the Director-General, for communications and decisions concerning recommendations for response measures. These can function to promote uniformity and predictability during the international response to an influenza pandemic.

7. Provisions within the Regulations that may be considered most relevant to the risk of avian influenza and pandemic influenza include the following:

- (a) Annex 2, which makes human influenza caused by a new virus subtype a notifiable disease;
- (b) Article 4 pertaining to the designation or establishment of National IHR Focal Points, thereby providing a mechanism for reporting urgent events to WHO, which will designate IHR Contact Points;

¹ Resolution WHA58.3.

(c) articles in Part II, which pertain to surveillance, notification, reporting, and information sharing; set out requirements and time frames for collaborative risk assessment through verification of events and the provision of information to WHO; and elaborate functions and responsibilities during the public health response, including offers by WHO to mobilize international assistance;

(d) articles 23 and 30-32 in Part V pertaining to general provisions for public health measures for travellers on arrival or departure and special provisions for travellers;

(e) articles 45 and 46 in Part VIII pertaining to the treatment of personal data and the transport and handling of biological substances, reagents and materials for diagnostic purposes.

8. To facilitate voluntary compliance with these and possibly other provisions in the Regulations, an influenza pandemic task force has been established to perform, on a temporary basis, a role analogous to that of the Emergency Committee, as provided for in Article 48 of the Regulations. The task force, composed of external experts, provides support in assessment of the changing pandemic risk and advice to the Director-General on the declaration of pandemic alert phases and the corresponding recommended response measures.

9. Such voluntary compliance does not render the Regulations legally binding for Member States that comply with them and does not prejudice the position of any Member State when the Regulations come into force on 15 June 2007.

10. The subject was extensively discussed by the Executive Board at its 117th session. The Board strongly endorsed the proposals for immediate voluntary compliance with the relevant provisions of the International Health Regulations (2005) and adopted resolution EB117.R7 on their application.

ACTION BY THE HEALTH ASSEMBLY

11. The Health Assembly is invited to consider the draft resolution contained in resolution EB117.R7.

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