

## **Avian and pandemic influenza: application of the International Health Regulations (2005)**

### **Report by the Secretariat**

1. In resolution WHA59.2, the Health Assembly requested the Director-General to undertake several activities to support immediate compliance, on a voluntary basis, with provisions of the International Health Regulations (2005) considered relevant to the risk posed by avian influenza and pandemic influenza. This report provides an update on the implementation of these activities.
2. The establishment of National IHR Focal Points and designation of WHO's Contact Points are central elements to the early implementation of the Regulations. In early July 2006, all Member States were invited to designate or establish immediately a focal point with the necessary authority to communicate official information to WHO. To date, over half of all Member States have done so. Guidance for the designation or establishment of national focal points, including terms of reference and an explanation of principal functions, is accessible on the WHO web site.<sup>1</sup> For its part, WHO has designated IHR Contact Points at headquarters and in all six regional offices.
3. On 25 September 2006, WHO held the first meeting of the Influenza Pandemic Task Force pursuant to the mandate in resolution WHA59.2. That resolution specifies that the Task Force is a temporary mechanism, pending entry into force of the International Health Regulations (2005) on 15 June 2007, for securing advice on the response to avian influenza, the appropriate phase of pandemic alert, the declaration of an influenza pandemic, and the international response to a pandemic. The Task Force was briefed on, and considered, operational, legal and procedural issues pertaining to its functions and some of the potential urgent situations in which its advice might be sought. Pending the establishment of the IHR Roster of Experts and the Emergency Committee upon the entry into force of the revised Regulations, the Secretariat also used the opportunity to request expert advice on technical issues of relevance to avian and pandemic influenza.
4. The Task Force also discussed categories of data relevant to the assessment of urgent events within its mandate, and underscored WHO's role in ascertaining the reliability of these data. Based on available evidence, the Task Force found no need to change the present phase 3 of pandemic alert, and recommended a proposal to define best practices for timely sharing of influenza viruses and information on genetic sequences. The Task Force also endorsed steps proposed to strengthen the system of WHO Collaborating Centres for influenza and recommended that the Secretariat work to improve influenza surveillance further at both laboratory and epidemiological levels.

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<sup>1</sup> <http://www.who.int/csr/ihr/nfp/en/index.html>.

5. In 2006, the strategic action plan for pandemic influenza 2006–2007 was issued.<sup>1</sup> The plan is based on five key actions and forms the basis for the Secretariat's activities including its responsibilities in providing support to Member States in their preparations for possible outbreaks or a pandemic of avian influenza in humans. It focuses on reducing human exposure to the H5N1 influenza A virus, strengthening early-warning systems, intensifying rapid-containment operations, building national capacity to cope with a possible pandemic, and coordinating global scientific research and development. The budget for the 2006–2007 period for activities across the Organization is US\$ 99.4 million. To date, several donors have generously given funding for the provision of support to Member States, totalling US\$ 77.61 million. These donors include Australia, Canada, China, European Union, Finland, France, Greece, Iceland, Ireland, Japan, Norway, Poland, Spain, Sweden, Switzerland, United States of America and the African and Asian Development Banks. At least 80% of the funding received has been allocated to WHO regional and country offices in order to support the efforts of Member States. Further financial support and contributions in kind are being provided on a bilateral basis by donors to Member States.

6. The Secretariat is providing support to Member States in implementing resolution WHA59.2 concerning their voluntary compliance with the International Health Regulations (2005). In the first six months of 2006, reports were received of events of possible avian influenza in humans or other unusual acute respiratory illness from a variety of sources and followed up in 45 countries and territories distributed across all WHO regions. Ten missions have been conducted in response to confirmed outbreaks of avian influenza in humans. Multidisciplinary teams composed of experts from WHO and its partners in the Global Outbreak and Alert Response Network were rapidly mobilized to provide support as needed in efforts to control and contain the outbreaks.

7. In addition, 30 assessment missions were conducted by teams from WHO headquarters, regional and country offices and were frequently accompanied by national staff from ministries of health, agriculture and environment. These missions provided a better understanding of the alert and response mechanisms in place, including the capacities for national early warning and verification. The missions assessed national health infrastructures, availability of resources, clinical management and containment measures in place and the capacity of laboratories to diagnose and confirm infection with H5N1 and related influenza viruses. Successful interventions to mobilize communities in order to reduce risk were highlighted and potential shortcomings in the capacity for planning for a pandemic were identified. The Secretariat is also focusing efforts on improving the capacities of national laboratories and WHO H5 Reference Laboratories. This task is particularly pressing given the complexity and inherent risks associated with laboratory diagnosis of H5N1 infections and the need to ensure the safe and rapid transport of specimens.

8. The Secretariat is also strengthening its own alert and response capabilities in preparation of the implementation of the revised Regulations. A new event-management system is being established that will function as the official repository of all information relevant to an event that may constitute a public health emergency of international concern. It will facilitate communications within WHO and globally with all key partners that have specific functions in outbreak alert and response, including the National IHR Focal Points and provide up-to-date information on public health emergencies of international concern. It will increase the efficiency, timeliness and inclusiveness of the Regulation's decision-making processes and maintain a record of operational activities and decisions. A field information management system has also been developed to assist with data management of case-contact interactions during outbreak response. The system is being customized for use at the

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<sup>1</sup> Document WHO/CDS/EPR/GIP/2006.2.

national level in several countries. In September 2006, WHO and its partners in the Global Outbreak and Alert Response Network met in a workshop to review avian influenza response operations and to assess WHO's operational approach to responding to the situation concerning the spread of avian influenza as it rapidly evolved in the first half of 2006.

9. An operational protocol is being finalized to guide rapid interventions in the event of the emergence of an influenza pandemic. The protocol addresses roles and responsibilities of governments and agencies, definitions, standard operating procedures for the administration and monitoring of antiviral interventions, additional containment measures and communications strategies.

10. Avian influenza investigation kits, which will facilitate the rapid field investigation of suspected outbreaks, are being dispatched to WHO country offices – altogether 116 such offices have been identified by regional offices to be recipients. The kits contain personal protection equipment, supplies of an antiviral medicine, sampling and shipment materials, and technical guidelines. In anticipation of larger-scale field investigations and outbreak response, additional response kits are strategically stockpiled as part of the alert and response logistics mobility platform at Geneva and Dubai, United Arab Emirates.

11. A donation of three million doses of the antiviral agent, oseltamivir, from Roche for stockpiling purposes, is reserved for use by WHO for a rapid response and containment operation in the event of pandemic influenza. The medicine is stockpiled in Geneva, Dubai and regional offices. The pharmaceutical company has provided an additional donation of two million doses of oseltamivir for the use of countries currently experiencing human outbreaks of avian influenza. Supplies from this second stockpile have already been sent to countries and are included in the avian influenza investigation kits being dispatched to country offices.

12. A series of guidelines and recommendations has been issued<sup>1</sup> in order to support the development of public-health response capacities for avian influenza needed to comply with the International Health Regulations (2005). These guidelines and recommendations include advice on the collection and transport of specimens, reduction of risk at the animal and human interface, food safety, infection control for health workers and case definitions of human infections of avian influenza. In addition, toolkits and checklists have been produced to support social mobilization by Member States and to guide public communication activities during a pandemic. A series of consultations has been held to identify and address ethical issues that Member States are likely to encounter in pandemic planning and response, including prioritizing access to scarce prophylactic and therapeutic measures, quarantine and isolation, the obligation of health-care workers during a pandemic, and the importance of international cooperation. A document on ethical considerations in pandemic influenza planning is currently being finalized. Guidelines have also been developed in collaboration with humanitarian agencies on the public health measures and necessary interventions to respond to avian and pandemic influenza among refugees and displaced people.

13. The Secretariat is providing generic guidance to Member States on the contents and structure of national pandemic influenza preparedness plans, as well as technical assistance to countries with limited resources. Regional offices are also formulating regional preparedness and response plans. To date 178 Member States have drafted national pandemic preparedness plans. The Secretariat is also helping Member States to evaluate their plans with tools and to test the functioning of the plans in outbreak scenarios with a series of table-top exercises.

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<sup>1</sup> [http://www.who.int/csr/disease/avian\\_influenza/guidelines/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/en/index.html).

14. In the past year, a series of training courses has been run for Member States and partners in all WHO regions on a wide range of aspects of avian influenza and the implementation of the International Health Regulations (2005). Technical subjects covered include epidemic surveillance, alert and response, laboratory capacity and infection control. Participants have included epidemiologists, laboratory experts and clinicians. Training modules have been developed for social mobilization and food safety and will form part of the standardized WHO training packages of H5N1 influenza control and preparedness for health ministries. Training sessions in outbreak communications have been held with health ministries and members of the Global Outbreak and Alert Response Network, and a handbook for journalists has been disseminated.

15. An international training workshop on emergency preparedness and response for health-care facilities has been designed by WHO in collaboration with the Asian Disaster Preparedness Center. The course covers hospital infection-control procedures and infrastructure, organization of teams and community services in the event of a pandemic. The first session (Bangkok, 26–29 September 2006) was attended by health-care professionals from countries across the South-East Asia Region. Training material has also been developed for workers providing first-line health and essential services for refugees and displaced people. The training modules are designed to assist field workers to prepare for and mitigate the impact of pandemic influenza within such populations.

16. Two sessions of the WHO Global Outbreak and Alert Response Network's Outbreak Response Training were held in Geneva in February and October 2006, for 51 participants from the Network's partner institutions and WHO, on the various components of responding to outbreaks and public health emergencies of international concern, including avian and pandemic influenza.

17. The Global Pandemic Influenza Action Plan to Increase Vaccine Supply, launched in September 2006,<sup>1</sup> is the product of a wide-ranging consultation conducted by WHO, which included influenza experts, representatives from national immunization programmes and national regulatory authorities, and manufacturers of human vaccine from both industrialized and developing countries. The plan identifies and prioritizes practical solutions for reducing the potential shortfall in pandemic influenza vaccine supply. It aims to increase the existing manufacturing output within industry by increasing the demand for seasonal influenza vaccines, to improve vaccine supplies by developing new plants and increasing manufacturing yields, and to promote further research and development into more potent and effective vaccines and production efficiency and timeliness.

18. The voluntary compliance of Member States with the requirements of the International Health Regulations (2005), pursuant to resolution WHA58.3, is providing for opportunities for evaluation of existing capacity across WHO and in individual Member States and identification of priorities in advance of the entry into force of the Regulations. A strategic plan for implementing the Regulations is being finalized and core activities are being defined in order to strengthen existing integrated capacities for disease surveillance and response. Lessons learnt from this voluntary compliance with respect to the threat of avian influenza and pandemic influenza are incorporated in these activities and helping to focus efforts where they are most needed.

19. The above report was considered by the Executive Board at its 120th session.<sup>2</sup>

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<sup>1</sup> Document WHO/IVB/06.13–WHO/ODS/EPR/GIP/2006.1.

<sup>2</sup> See document EB119/2006–EB120/2007/REC/2, summary record of the third meeting of the 120th session, section 2, and summary records of the fourth and tenth meetings.

**ACTION BY THE HEALTH ASSEMBLY**

20. The Health Assembly is invited to note the report.

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