

8.2 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits

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In focus

The Director-General will transmit two reports for the consideration of the Executive Board:

- [EB138/21](#), a biennial report on the status of, and progress in implementing, the [Pandemic Influenza Preparedness Framework](#) in line with the relevant obligations under [section 7.4.1](#) of the Framework:
 - in Para 11 the Secretariat comments that the [Global Action Plan for Influenza Vaccines](#) terminates in 2016 and that the Review of the Framework might recommend that some activities from the Global Action Plan continue under the PIP Framework;
 - Paras 21-23 report on work under way regarding how the PIP Framework should be operationalised in relation to genetic sequence data; this was also discussed at the AG meeting ([more here](#)); there may be more comment on this issue at the EB;
 - Para 15 comments on challenges facing the development of [standard material transfer agreements](#) with manufacturers; there may be some comment by EB members on the issues raised in this para;
- [EB138/21 Add.1](#) reports on the outcomes of the Special Session of the Pandemic Influenza Preparedness Framework [Advisory Group](#), which was held in Geneva on 13 and 14 October 2015 to discuss the [review of the Framework and its annexes](#).
 - Paras 5-8 summarise the issues raised by industry representatives and other stakeholders during the consultation stage of the Advisory Group meeting;
 - Paras 14-19 set out the recommendations of the Advisory Group to the DG regarding the scope and terms of reference of the Review of the Framework.

Background

See [WHO PIP Page](#)

See [Background Notes](#) in PHM's Commentary on Item 16.2 at WHA67 on PIP

PHM comment

The focus of the EB in this item will be procedural, in particular regarding Review.

We note that there is no reference, in either document prepared for this discussion, to the (strict or less strict) application of the definition under PIP of biological materials and whether the strict application might lead to the exclusion of significant animal viruses. This was discussed at EB134 and WHA67 (see [here](#)).

Notes of discussion at EB138

Item considered in Seventh Meeting, evening, Day 3 (Wed 27 Jan)

Doc:

[EB138/21](#),

[EB138/21 Add.1](#)

Report on pandemic influenza advisory group (PIP): Addendum 1

Chair: EB is invited to note the report

Egypt: EMRO, thanks the DG for the report. Thanks the Secretariat for the special session on PIP. Thanks WHO for the efforts for surveillance, management, etc. welcoming the recommendations of the advisory committee. Some further discussions are necessary regarding the calendar. We need more clarity: how can countries respond on time? the composition of the review group should be broad and include all the regions, the financial contributions should be maintained and further developed.

DRC: on behalf of Afro region of WHO. Commending high quality of documents presented. Our congrats to the whole team.

Communication of risk on global level, planning and distribution of products and treatments, are examples of issues that we face. There is still a weak link between epidemiological surveillance and biological surveillance. There exists inequitable distribution between labo's that are dealing with influenza. Some progress has been made, such as on indicators, on notifying syndromes, ensuring safe transport to certain labos can be carried out more quickly now. Surveillance of influenza on national level has improved. what is involved is really important: call on all states to put this in practice. It is important for all of us.

Japan: influenza: we need to proceed to a quick share. the PIP framework works well and was useful during the outbreaks of H7N1... Underlining the importance to have a regard on the use of contributions.

UK: we need to think about the role of the Nagoya Protocol.

China: important to enhance preparedness and response to influenza. China would like to recommend experts in this area to help preparations to the advisory group. Transfer of standard material. We enhanced surveillance in China and did some other good stuff. We shared a lot of strings and keep actively participating in global surveillance. collaborate with companies.

Thailand: they want to see the expansion of the benefits sharing system. agree on the principles of data sharing. support would be welcomed

Russia: since the time we adopted the PIP framework, significant progress has been made. Need of genuine build up of local laboratory capacity. We recognise lack of resources and funding. We note assistance given to developing countries. There is a need to intensify scientific research, and recognise the need to encourage manufactures to enter into appropriate agreements. Important to conclude as quickly as possible this process. Need for more indepth analysis in ways we implement the framework. transparency is important. We stand ready to participate in consultations.

USA: reiterates its commitment for PIP framework and influenza preparedness. They think that the review group is well composed. They look forward to discussing with WHO and the review group. discussion with the review group. it is enough. genetic data are needed as much as other questions so we need to engage in it

South Korea: potential devastating impact of influenza on health, economy and society as a whole. The key is: rapid distribution of vaccines. The capacity for preparedness is needed. Global coordination. WHO contribution still has to be improved. advisory group should consider protocol plans to... ensure transparent use of . Welcomes the meeting last october. Advisor group should think about a way to share genetic data. Nagoya protocol

Canada: thanks influenza preparedness. strong line of communications would be good between the review group and MS. 2016 review should take into account other instruments that are addressed in the review.

Argentina: essential to ensure quick exchange of viruses to ensure quick preparedness for pandemics. In our country, we have a national plan for HI2. Cooperation with industry and other stakeholder. Acces to information from other states is key.

Brazil: although the early stage of implementation, PIP has been succes in creating relation between private and public. Important in light for future threats. Brazil agrees to recommendations of advisory groups. envolvment of MS in transparency. ... should not pose an obstacle.

No more EB Members.

Non EB Members

Indonesia: appreciate the work of the secretariat for the PIP special session. They requested to involve MS in the framework of the review of PIP. need to strengthen preparedness. Emphasizes the importance for the PIP review process. the review process must be done by MS. It must aim to strengthen the framework in order to address the elements that have not been implemented. there are some issues that remain pending : regulating the use of GSD. supporting the advisory group report. DG must ensure that the transfer of technologies is put in place.

Australia: support recommendation of group. strengthening surveillance and laboratory capacities in low and middle income countries. Welcome note of Brazil to see PIP as a model for future public health policy.

NGOs:

WMA: welcoming the influenza report and PIP framework. The development of a national pandemic plan should be implemented. strengthening health systems: very important during outbreaks. Ebola: it is important to identify some key issues. See the [statement](#).

Doctor Bruzera: take recognition of comments. strong support for framework. Couple of specific comments in respect to review process: there was representation of all six regions. in group we ensured people were not only independent but also with enough expertise. I think it was appropriately set up. Brief briefing with member states.

on PIP itself: we are all keen on MDA's (?)

advisory group had a very close look at these issues. (what issues?).

Protocol: secretariat

Chair: no more comments. The board takes note of the report.

Item 8.2 closed.