

Item 16.1 Influenza preparedness

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In focus

A75/10 advises that the Executive Board at its 150th session noted the report on influenza preparedness ([EB150/19](#)) and that Board members requested the Secretariat:

- continue reporting on influenza virus-sharing trends and to propose solutions to address any disruptions in virus-sharing, and
- provide an assessment of the practical, administrative and financial implications for Member States of the proposed expansion of the WHO Global Influenza Surveillance and Response System.

At this time there are no WHA75 reports foreshadowed addressing these requests.

Background

[EB150/19](#) describes progress in strengthening influenza preparedness, notably in implementing the actions requested in decision [WHA73\(14\)](#). See [PHM Comment on Item 15.4 at EB150](#) for background and comment on the implementation of WHA73(14).

Virus sharing

[EB150/19](#) refers to instances where the sharing of influenza biological materials (seasonal and viruses with pandemic potential) within the GISRS may have been impacted by national regulatory measures affecting access and benefit sharing, in some cases associated with the obligations of the Nagoya Protocol. The Secretariat refers to an earlier analysis provided in [EB146/18](#).

The Secretariat advises in [EB150/19](#) that it is engaging with Member States, GISRS 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.

Further resources

See [EB148/21](#) in which the Secretariat reports (Jan 2021) on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, as

well as the potential public health outcomes and other implications. See also [Comments on this report \(EB 148/21\)](#) by TWN (17 Jan 2021).

See also earlier document ([EB146/18](#), Dec 2019) on the sharing of influenza materials and data.

See [Edward Hammond \(Dec 2020\)](#) Access and benefit sharing for pathogens: An overview of the issues facing the 2021 World Health Assembly and WHO Executive Board.

See [The politics of pathogen sharing](#) by Priti Patnaik, Geneva Health Files, 15 Jan 2021

See [Tracker links to previous discussions](#) of influenza, PIP and the Nagoya protocol.

Global Influenza Surveillance and Response System (GISRS)

EB150/19 reports on the growth of the GISRS and describes how the resources of GISRS were deployed during the Covid pandemic. The report flags the prospect of formally expanding the remit of the GISRS to serve as an integrated system for surveillance and monitoring of respiratory viruses with epidemic and pandemic potential and invited Board members to comment on the prospect of a GISRS+.

Further resources

[Global influenza strategy 2019-2030](#)

PHM Comment

Virus sharing

While the Secretariat has not published a report to inform WHA75 discussion under this item, [EB148/21](#) remains relevant. This reports on a survey of stakeholders to “provide information on current pathogen sharing practices and arrangements, the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications”. Unfortunately the response rate was poor, particularly from member states, which limits the conclusions which can be drawn.

The report describes a wide range of situations and contexts in which biological materials and digital sequence data are shared internationally through a myriad of networks and public health functions.

The report highlights the importance for public health of smooth and timely sharing of such materials and data and illustrates this with reference to the Covid-19 experience. The report refers to submissions to the survey which describe delays in sample sharing, some of which were attributed to requirements of national legislation giving effect to the principles of Nagoya

(fair and equitable benefit sharing with access subject to mutually agreed terms and prior informed consent).

[EB148/21](#) is largely focused on the importance of *timely access* to materials and data but quite limited in relation to *benefit sharing*. The tenor of the report suggests that benefit sharing is a barrier to timely access (particularly in relation to genetic sequence data) rather than working towards achieving both objectives. The success of the PIP Framework suggests that both can be achieved.

The report points out that, at this stage in the implementation of Nagoya, there may be barriers to timely sharing (and benefit sharing) which arise from lack of familiarity, differing expectations and the lack of clear pathways for negotiating access and benefit sharing. The experience of PIP shows that the negotiation of standardised materials transfer agreements is critical to reconciling timely access and benefit sharing.

The experience of Covid bears out the importance of timely sharing of materials and data. However, the experience of Covid also highlights the dangers of vaccine nationalism and artificial supply constraints which are the very antithesis of benefit sharing. It is surprising that, given the repeated references to solidarity in the DG's speeches, the importance of benefit sharing is so discounted in the Secretariat's report.

PHM affirms that:

- timely pathogen sharing, including both physical samples and genetic sequence data, is a critical capacity for global public health;
- pathogen sharing should be subject to the principles of the Nagoya Protocol (including benefit sharing, prior informed consent and mutually agreed terms);
- the sharing of physical samples and genetic sequence data should both be subject to Nagoya principles;
- the PIP Framework demonstrates the logistic benefits of an agreed multilateral framework for pathogen sharing, consistent with Nagoya principles;
- agreed multilateral frameworks for pathogen sharing (beyond pandemic influenza) are needed;
- provision for the prompt sharing of genetic sequence data (in accordance with Nagoya principles) in emergency situations must be included in such frameworks.

PHM does not support widening the scope of the PIP Framework because of the risk that if opened up it could be weakened.

PHM calls upon member states to encourage the secretariat to continue working with the Secretariat to the CBD, and member states / states parties, towards standardised transfer agreements and protocols which will reconcile timely and efficient sharing of biological materials and sequence data and fair and equitable benefit sharing (including prior informed consent and mutually agreed terms).

Global Influenza Surveillance and Response System (GISRS)

PHM supports in principle the expansion of the remit of GISRS to include the surveillance and monitoring of all respiratory viruses with epidemic and pandemic potential and looks forward to advice from the Secretariat regarding administrative and financial implications.

Notes of discussion at WHA75