World Health Organization

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Director-General

Opening remarks at the Director-General's Consultation with Member States on Pandemic Influenza Preparedness
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Excellencies, distinguished representatives, ladies and gentlemen,

I have convened this consultation to seek your advice on how we can move forward on an important but stubborn issue. The issue concerns international systems for responding to the health threats that arise from the constantly changing world of influenza viruses. The threats are persistently with us, whether expressed as yearly seasonal epidemics or, more rarely, as an influenza pandemic.

How can countries, acting collectively, marshal the best defence against an influenza pandemic? This question goes to the heart of the issue, as all populations in all countries are universally susceptible to infection by an influenza virus that is entirely new and readily contagious. Defence against this kind of shared threat absolutely depends on collective action.

A system for the sharing of influenza viruses has been operational since 1947, established a year before WHO itself was fully constituted. This tells us something about the historical importance of virus sharing.

The system for virus sharing came under scrutiny as the world kept a close and nervous watch over the H5N1 avian influenza situation, anticipating what could be a very severe pandemic. Facing this prospect, countries became concerned about the sharing of benefits, most notably medical products like vaccines, that ultimately arise from the sharing of viruses.

In the interest of fair sharing of benefits, calls were made to give the systems for virus sharing greater transparency, equity, and fairness. WHO and its member states have been trying to find a way forward on this issue for nearly three years.

This consultation follows a long string of intergovernmental meetings, high-level technical meetings, interdisciplinary working groups, advisory groups, drafting groups, and a host of formal and informal consultations.

During the World Health Assembly in May of this year, member states asked the Director-General to "facilitate a transparent process to finalize the remaining elements" of the framework for sharing influenza viruses and

access to vaccines and other benefits. Of the nearly 180 provision in this framework, 36 remain outstanding.

It is entirely up to you, to WHO member states, to decide whether this consultation will be the culmination or the continuation of a long and arduous process. It is the prerogative of member states to determine whether we will have a draft resolution on this issue for discussion during the January session of the Executive Board. Needless to say, the Secretariat is at your disposal to facilitate your discussions and take your decisions forward.

Ladies and gentlemen,

We are now in the midst of the first influenza pandemic of the 21st century. The pandemic is also the first major test of the revised and strengthened International Health Regulations. They have given the international community an orderly, rules-based way to act collectively.

To date, we have been fortunate in the way this pandemic has evolved. The virus initially spread in countries with good monitoring and reporting systems. For the first time in history, we tracked the start of an influenza pandemic in real-time.

The sharing of information, viruses, diagnostic capacity, test kits, reagents, and research expertise was immediate and generous. This early experience established a strong precedent of international collaboration, and we have reaped the benefits. As countries now experience the second wave of spread, they do so with an impressive body of knowledge about the virus, its epidemiology, and the spectrum of illness it can cause.

The new virus was identified and reported to WHO in late April of this year. Genetic sequences of viruses have been rapidly placed in the public domain, and vaccine manufacturers in both developed and developing countries were freely given virus strains for vaccine manufacturing. We initially had some problems with low virus growth, but these problems were eventually solved, thanks to persistent work by the WHO collaborating centres for reference and research on influenza.

Constant testing of shared influenza viruses has provided reassurance on several counts. We know the virus has not mutated to a more virulent form. We know that pandemic vaccines are a good match with circulating viruses. We know that H1N1 is now the dominant circulating strain, and this reduces the need for routine laboratory testing and simplifies the response. We know that the number of oseltamivir-resistant viruses is very small to date, with no onward transmission.

Following extraordinary efforts on the part of industry and regulatory authorities, the first fully licensed pandemic vaccines were available for administration less than 6 months after the new virus was identified.

UN calls for solidarity, especially in the sharing of medical interventions, were heeded. Supplies of antiviral drugs, made possible through industry donations, are now available in 121 developing counties. Next month, WHO will begin shipping stocks of pandemic vaccine to 96 developing countries that would not otherwise have access to vaccines.

We are drawing on a supply of 200 million vaccine doses made available by industry and countries. My thanks to all. We look forward to receiving more vaccines through donations.

I think we can be proud of these achievements and the speed of actions on many levels. Of course, the situation is not ideal. As global vaccine manufacturing capacity is finite and inadequate, we are still several billion doses short of what is needed to fully protect all populations. Even with the best intentions in the world, limited manufacturing capacity stands in the way of a completely fair and just system for the sharing of benefits.

Though most countries will have at least some access to vaccines, wealthy countries will be able to immunize a far greater proportion of their populations than will be the case in poorer countries. Again, the situation is not ideal. We can and must do more to enhance fundamental capacities in areas such as surveillance, laboratory work, and regulatory systems, as well as manufacturing

Ladies and gentlemen,

As I said at the beginning, this consultation is an opportunity to gather views and guidance on the way forward for some complex and difficult issues. You have before you a discussion paper with some proposals. I welcome your advice on these proposals. It is in your hands.

I only ask that you debate these proposals in the context of a public health perspective, and that you bear in mind the mandate of WHO as a public health agency.

Thank you.