PANDEMIC INFLUENZA PREPAREDNESS

BOARD MEETING
Wilson Mok
28-29 November 2018, Geneva, Switzerland
Pandemic influenza a global threat, with particularly high mortality in lower income countries

Past influenza pandemics: excess deaths

- 1918 Spanish flu
  - Low range: 0.1-0.4 million
  - High range: 50-100 million
- 1957 Asian
  - 1-4 million
- 1968 Hong Kong
  - 1-4 million
- 2009 H1N1
  - 0.1-0.4 million

• Strong negative correlation between income and mortality; modelling estimates 96% of deaths in non-OECD countries

• 2009 pandemic: weak systems in developing countries limits effectiveness of response

Sources: WHO (2013); DCP3 (2017); Murray et al. (2004); Ortiz et al. (2011)
Alliance partners and others support specific aspects of pandemic influenza preparedness and response

- **Global legislation, coordination and advocacy**
  - World Health Organization

- **Preparedness**
  - R&D
  - Diagnostics and surveillance
  - Vaccine supply
  - Vaccine demand

- **Response**
  - Coordinating pandemic response
  - Financing for pandemic response

**Mapping not exhaustive**
To address gaps in ongoing activities, several areas relevant to Alliance comparative advantage explored

**Key challenges**

**Supply**
- Insufficient availability of timely pandemic vaccine for Gavi countries

**Demand**
- Gavi countries not ready to rapidly accept, approve and deliver vaccine in a pandemic

**Interventions explored that fit with Gavi’s comparative advantage**

1a
- Complement WHO by **directly paying to reserve additional supply capacity**
  - **X** High cost; high risk impact not achieved

1b
- Leverage Gavi’s market power to **signal need for new technologies** to address supply barriers
  - **X** Uncertain impact: long timeframe, technical barriers

2
- Support routine influenza immunization for healthcare workers to strengthen countries’ systems for pandemic
  - **✓** Limited scope and cost; broad impact; but feasibility challenges

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Learning agenda would explore implementation questions

Potential scope of learning agenda

- Establishing regulatory processes
- Policy requirements for immunisation of HCWs (including pregnant women)
- Optimal approaches for reaching HCWs
- Integration with broader epidemic preparedness

Studies in several countries, with use of vaccine

~US$ 4 million 2019-2022
Recommendation

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

a) **Approve** the development of a learning agenda to assess the feasibility and impact of routine influenza immunisation of healthcare workers to support epidemic and pandemic influenza preparedness;

b) **Note** the financial implications associated with the above approval for 2019-2022 are expected to be approximately US$ 4 million, comprised of approximately US$ 1 million in 2019 (which the Secretariat will strive to absorb from the Board-approved Partners’ Engagement Framework (PEF) budget for that year), US$ 1 million in 2020 and US$ 2 million in 2021-2022.