

EB131 (28-9 May, 2012)

Item 6.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

The Director-General has included this item, further to advice by the Pandemic Influenza Preparedness (PIP) Advisory Group at its meeting in February 2012 with regard to the proportion of partnership contributions to be attributed between inter-pandemic preparedness and pandemic response, and in accordance with paragraph 6.14.5 of the Pandemic Influenza Preparedness Framework. The Executive Board is requested to consider the proposed proportions and reach a decision.

See Document [EB131/4](#)

Morocco: thanks, PIP requires global and multi-faceted approach, including legal; therefore we would like to expedite conclusion on STMP2 otherwise sharing should continue for purposes of public health. For those focusing on equity, we need to also consider vulnerabilities of countries. We need to bear in mind lessons learnt from ... we must ensure solidarity to ensure equity.

Lithuania (for EU): EU welcomes the recommendations by the advisory group. We agree, for the next 5 years to be directed towards preparedness rather than response; 70% to 30%. Decisions on how to allocate for preparedness should be based on Advisory Board and should not be fixed. We note the Sec call for support for legal expertise. We look forward to next meeting of Advisory group in Sep and the PIP review scheduled for 2016.

Malaysia: PIP is crucial, requires long term investment and adequate resources, therefore we support the DG's proposals on sections 5 & 6 regarding capacity building. However, 1) the allocation should be done according to well defined criteria in consultation with MS; 2) Malaysia also calls for timely strengthening of laboratory capacity; 3) support proposals were DG is able to consider re-allocate resources but to consider local logistics readiness before accepting allocation.

China: Agrees with DG's proposal that in coming 5yrs, approximately 70% for PIP and 30% DG's flexibilities for outbreaks. We propose strengthening surveillance and capabilities.

Nigeria: We support DG's proposal for sharing 70/30 for preparedness/response. We note AFRO benefited during H1N1. Vaccines were provided by WHO and workforce was adequately trained. We also propose that some % for helping developing countries.

USA: We want to know the specific uses of the funds and how stakeholders will be consulted during the process?

Secretariat response, Dr. Keiji Fukuda, ADG: thanks MS for general agreement. One point to address is question from US for process for use of money. According to PIP framework, 70% for preparedness (about 20m) over the next 5 yrs; and 30% (about 8m) for response. The advisory group is in the process of providing advice to the DG. For the preparedness, they generally indicated about 70% for lab; 10% for regulatory capacity; 10%

for risk communication activities; 10% for disease burden studies. This is the general framework in the PIP framework.

PIP discussion adjourned

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Nigeria: second page: flexibility allocating funds,

Australia: PIP framework careful in saying the word developing countries definition

Nigeria: Legal could legalize what we said: “highly populated countries” at high risk

US: stakeholders and division of funds several interests beyond that.

DG: the PIP framework is about fairness and equitable use of resources, bidirectional process the amount of money from partnership contribution is only to support in building capacities. I'll like to re-assure the Hon. member from Nigeria that the whole PIP framework was about fairness, transparency and equitable use of resources. Therefore emphasis will be given based on greater need; but it is also a bi-directional. Funds from partners is not to invest in equipment etc except where countries are willing to take their own initiative to build their capacity.

Chair: does the Board agree to draft para 3? I see no objection; it is so decided.

See final decision at [EB131\(2\)](#).