Report of the WHO Pandemic Influenza A(H1N1) Vaccine Deployment Initiative



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Executive summary

As part of its efforts to combat seasonal and pandemic influenza outbreaks, the World Health Organization (WHO) works to ensure equitable access to vaccines and other medicines, especially in resource-poor settings. Specific WHO activities range from deploying vaccines and antivirals to addressing the systemic problems that limit their availability in many countries. For access to be considered truly equitable, vaccines and other medicines must be available to countries when they are most needed.

In April 2009, cases of a virulent influenza were detected in Mexico and the United States of America. After determining that these cases were related, WHO issued a health advisory. In June, the 2009 H1N1 influenza pandemic was declared.

Under the mandate of the International Health Regulations (IHR; 2005) the Director-General of WHO convened a technical Emergency Committee to assess the situation and to advise on the most appropriate actions to take. As part of this, and to ensure that developing countries were able to protect the health of their populations, WHO began to mobilize and coordinate the global donation of resources needed to deploy life-saving pandemic H1N1 vaccines and ancillary products to some of the world's most vulnerable populations.

The subsequently established WHO Pandemic Influenza A(H1N1) Vaccine Deployment Initiative (hereafter referred to as the "WHO Deployment Initiative") coordinated the support of governments, foundations and manufacturers in facilitating access to pandemic H1N1 vaccines in countries eligible for assistance. In response, millions of doses of vaccines and associated ancillary products (such as syringes and safety boxes) were donated, and considerable financial and logistical support pledged. WHO's mandate was to act as the secretariat and central implementing body for the WHO Deployment Initiative, and to coordinate with all donors, recipient governments and partner organizations to ensure that vaccines reached countries in need.

Although the resulting WHO deployment team mobilized to implement vaccine deployment was temporary in nature, it was able to access expertise from various disciplines within the Organization and partner organizations. Legal, regulatory and communications support was thus provided throughout the pandemic. Such support included the development of a global donation agreement by the WHO Office of the Legal Counsel to address some of the many complexities of vaccine donation. In addition, vaccines were reviewed and prequalified by the WHO Quality, Safety and Standards team, often in record time. Communications experts were also continually on call to make sure that technical information was accessible to the public, recipient countries and experts. The deployment team itself coordinated international logistics, managed demand, and dealt with regulatory and country-preparedness issues as vaccines were scheduled for delivery. The deployment

effort was the first of its kind and moved unprecedented quantities of a new vaccine around the world.

On 10 August 2010, the IHR Emergency Committee and the Director-General of WHO declared the end of the 2009 H1N1 pandemic, based on strong indications that the pandemic virus was transitioning towards seasonal patterns of transmission worldwide. WHO continued to recommend vaccination as the virus remained in circulation and the vaccine still offered protection to those at high risk of serious outcomes.

The 2009 H1N1 pandemic provided the world with a valuable opportunity to test global capacity to respond to a public health emergency. The success of the WHO Deployment Initiative was based upon the careful and flexible planning of activities, and upon open and transparent communications between all involved parties. It was recognized, however, that the pressure to respond quickly and efficiently can create risks in managing vaccine production and availability, regulatory and quality processes, and country planning. After its conclusion, the opportunity was taken to document important issues arising from the implementation of the WHO Deployment Initiative, and to identify the lessons that need to be learnt if the world is to improve its response to future pandemics and other emergencies.

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