Update on Influenza, COVID-19 and other respiratory threats

Epidemic and Pandemic Management (EPM) Department

- Global Respiratory Threats (GRT) Unit

- Medical Countermeasures (MCM) Unit

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World Health Organization

EPI-WIN webinar - 1 April 2026

Resilience against global respiratory threats requires continuous surveillance and risk assessment, sustainable preparedness and coordinated response

Short incubation periods, tendency for symptomatic, asymptomatic, or pre-symptomatic spread, which can lead to individuals spreading the virus rapidly and without knowledge.

Wide co-circulation of influenza, SARS-CoV-2 and RSV

High global disease burden, causing significant morbidity and mortality every year

Significant economic impacts and unintended consequences, as demonstrated by past epidemics and pandemics

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WHO approach to influenza surveillance since 1952

Global Influenza Surveillance and Response System (GISRS)

Animal influenza
- Influenza viruses that **circulate in animals**; includes avian and swine influenza viruses; H5 and H7 avian influenza viruses can be high or low pathogenicity in birds

Zoonotic influenza
- An animal influenza virus that **crosses species to humans**

Pandemic influenza
- An animal influenza virus that begins to **spread among humans**, who have no or little natural immunity

Seasonal influenza
- An influenza virus that has **adapted to humans**, causing seasonal epidemics.

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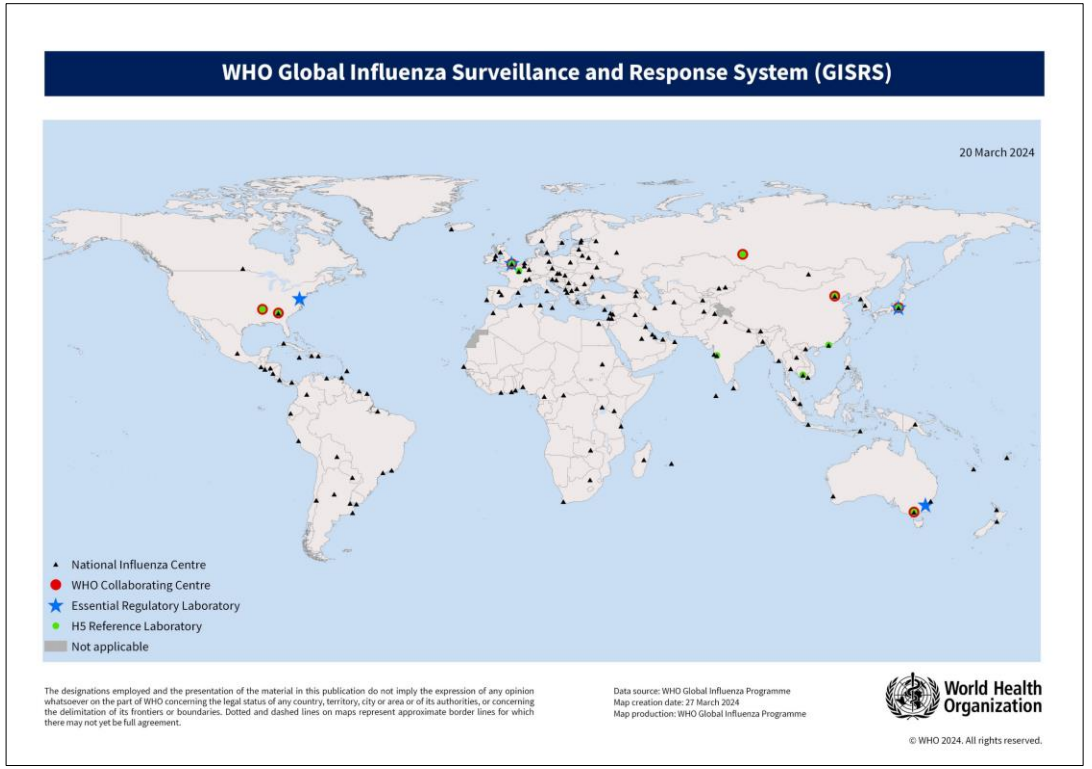
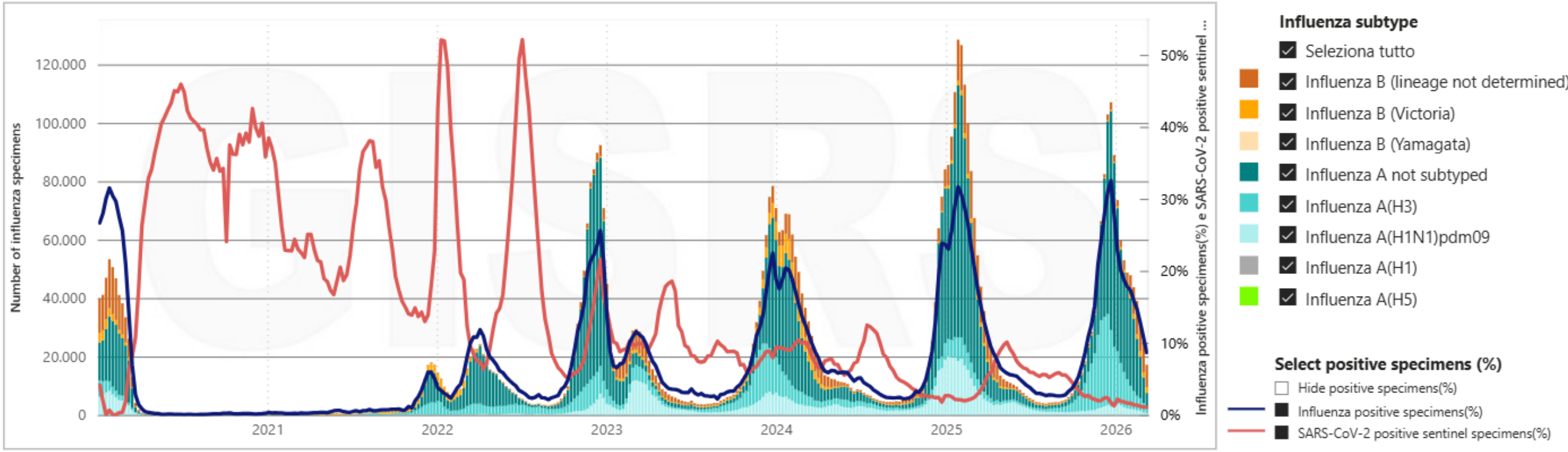


Enormous commitment from Member States

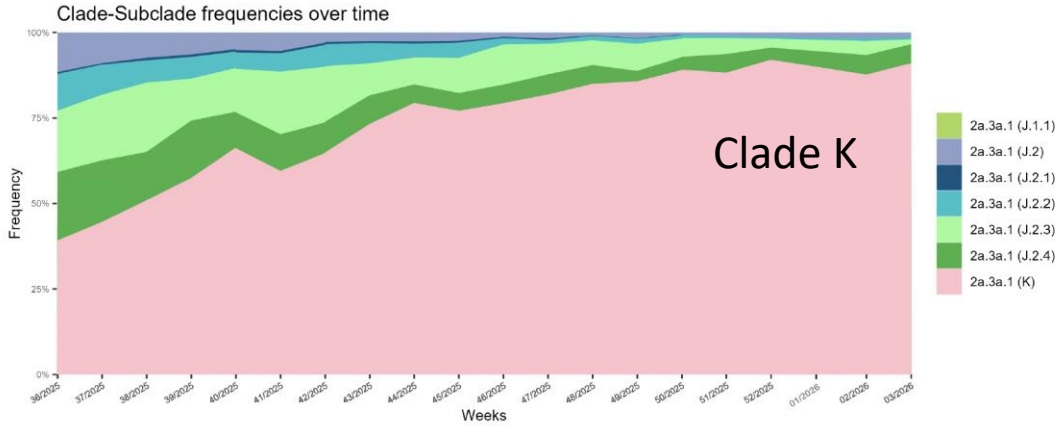
Enormous support from international agencies & partners

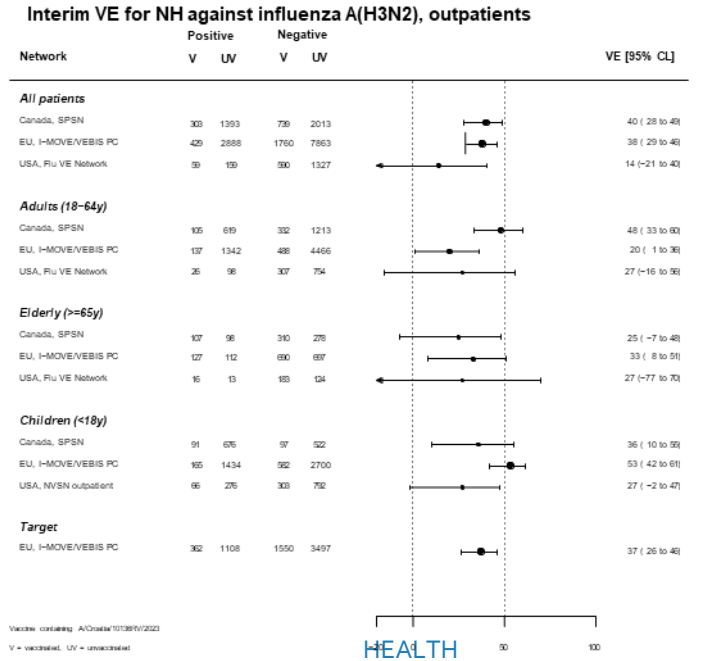
Influenza activity + co-circulation of SARS-CoV-2 since 2020



North Hemisphere 2026-27 influenza season - A(H3N2)

- Subclade K viruses were detected in all regions and predominated in many countries.
- Other subclades were detected in smaller proportions.
- Subclade K viruses were antigenically advanced than other subclades in different laboratory tastings and fitness forecasting





VE Studies

- Interim estimates varied, but were generally lower in elderly (<45%) and higher in children
- Similar estimates among subclade-specific VE (interim)
- Northern hemisphere sequenced viruses were 80 – 97% subclade K, depending on site.

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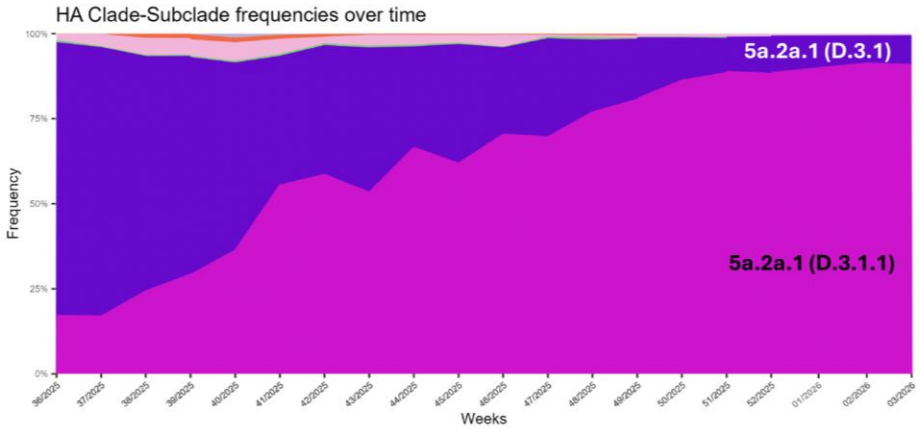
Evolution of A(H1N1)pdm09 viruses

- The vast majority of HA genes of viruses that were genetically characterized belonged to clade 5a.2a1 subclades D.3.1 and D.3.1.1.
- These viruses were antigenically advanced and were neutralized by antisera raised against SH 2026 vaccine strain.

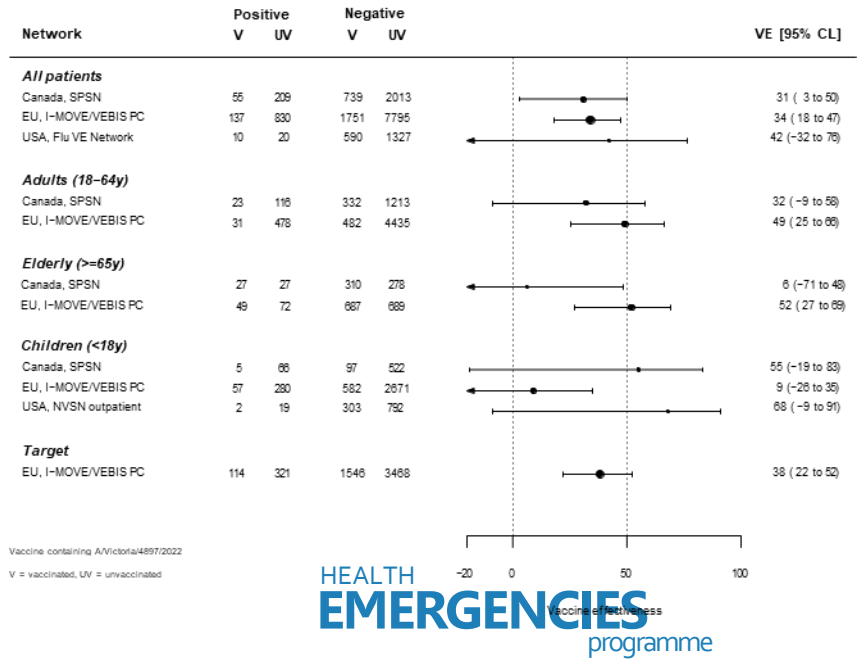
VE studies

- Estimates generally around 30 − 50%
- Sequenced viruses were predominately subclades D.3.1 and D.3.1.1
- Interim estimates may reduce by the end of the season, as generally seen for the southern hemisphere.
- Subclade-specific VE suggests consistent in Australia.

Influenza A(H1N1)pdm09 HA



Interim VE for NH against influenza A(H1N1)pdm09, outpatients



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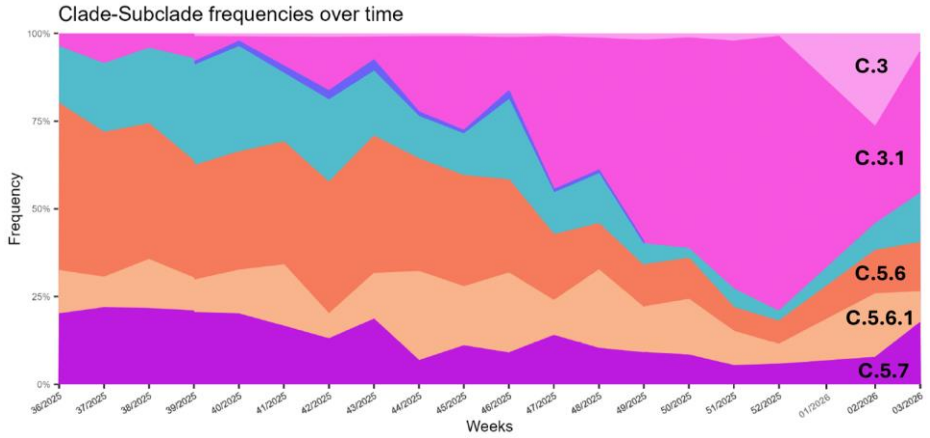
Evolution of influenza B/Victoria viruses

- All viruses characterized belong to **clade 3a.2** with further diversification into several subclades (C.1-C.5)
- Human serology studies were conducted using NH 2025-2026 influenza vaccine formulation vaccinated serum panels by HI assays with r**ecent B/Victoria viruses with HA genes from subclades C.3, C.3.1, C.5, C.5.6, C.5.6.1 and C.5.7.**
- When compared to the responses to egg or cell culture-propagated **B/Austria/1359417/2021**-like vaccine reference viruses, post-vaccination geometric mean titres (GMTs) **were significantly reduced for recently circulating viruses from C.3 and C.3.1 subclades.**

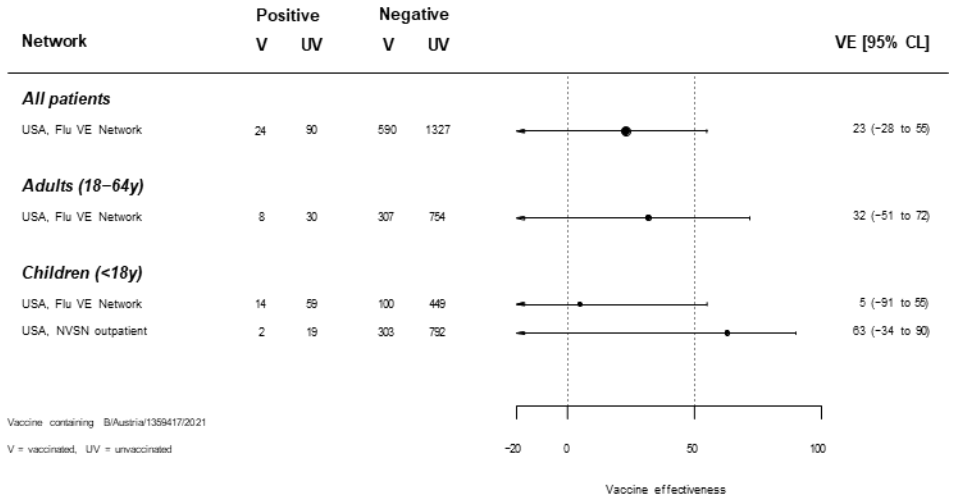
VE studies

- Interim VE largely underpowered to detect effects reliably
- Final VE Southern hemisphere (>50%)

Influenza B/Victoria HA



Interim VE for NH against influenza B, outpatients



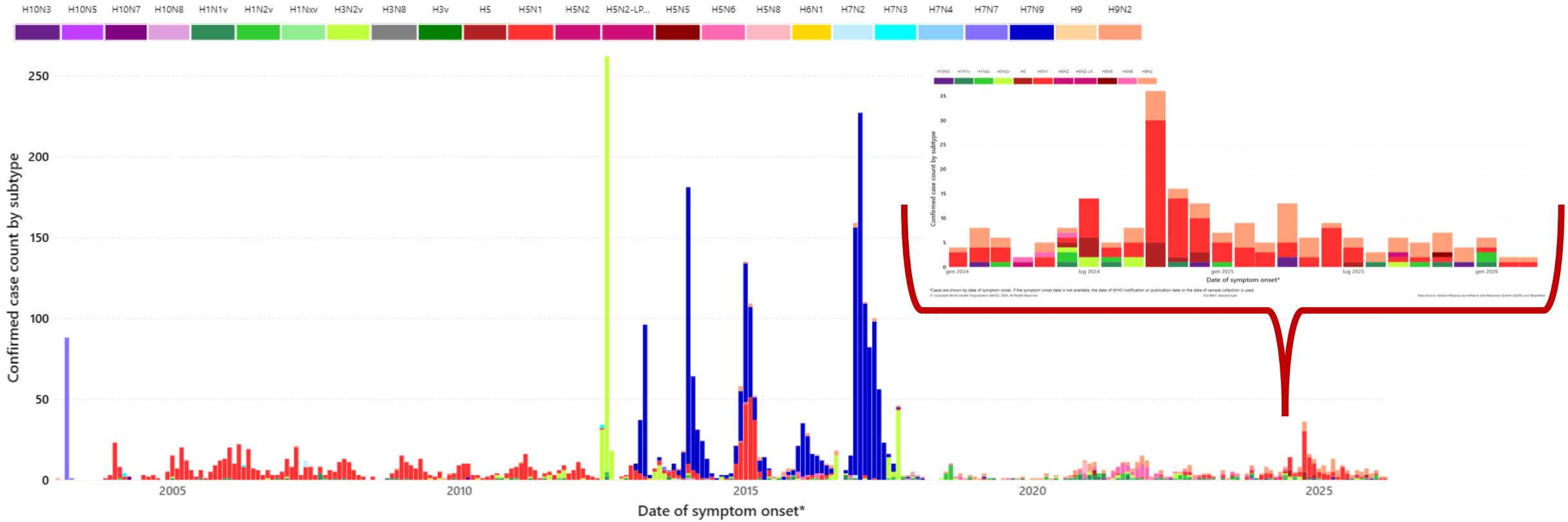
Vaccines for use in the 2026-2027 northern hemisphere influenza season

- **Egg-based vaccines**
  - an A/Missouri/11/2025 (H1N1)pdm09-like virus;
  - An A/Darwin/1454/2025 (H3N2)-like virus; and
  - B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

- **Cell culture-, recombinant protein- or nucleic acid-based vaccines**
  - an A/Missouri/11/2025 (H1N1)pdm09-like virus;
  - an A/Darwin/1415/2025 (H3N2)-like virus; and
  - a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

Stop recommending 4th component: B/Yamagata lineage virus component

Detections of zoonotic influenza A viruses in humans since 2003



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Multi-dimensional and substantial burden

- Example of avian influenza A(H5)

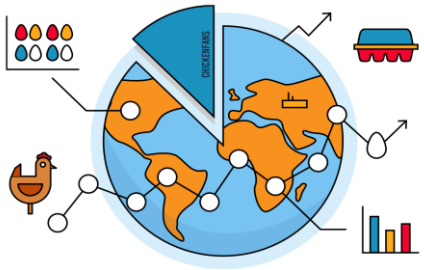
Poultry industry, livelihoods, food security

+633 million

poultry lost since 2005

(146 million in 2022)

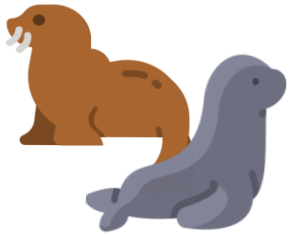
Global market and Trade



48 billion USD

global poultry market disrupted

Wildlife and biodiversity



>50,000

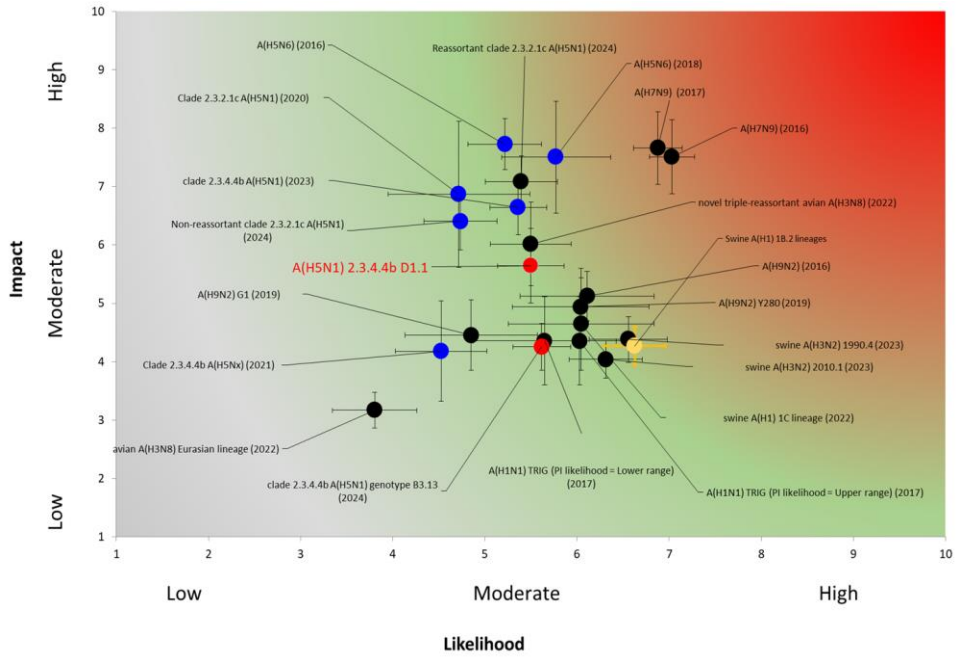
marine mammals lost during 2023

Public Health

48% case-fatality rate in humans (H5N1)

WHO Risk Assessment (RA): current public health risk associated with influenza A(H5)

TIPRA results



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World Health Organization

World Organisation for Animal Health
Founded as OIE

Updated joint FAO/WHO/WOAH assessment of recent influenza A(H5N1) virus events in animals and people

- **Current risk**
  - **Low – global public health risk**
  - **Low-moderate – risk of infection for personnel with occupational exposure**
- **Human-to-human transmission**
  - **Current circulating viruses do not have such ability**

- An average of **9 monthly and 2 *ad hoc* zoonotic/pandemic RAs** annually
- Since two years ago, **weekly seasonal influenza RAs** (instead of b**i-weekly**), including **SARS-CoV-2 and RSV**

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Global Overview – COVID-19

COVID-19 Global Risk Assessment published in February 2026; covering the second half of 2025: the global public health risk associated with COVID-19 remains **moderate – with low confidence**

- SARS-CoV-2 **continues to circulate widely and genetically evolve**
  - **co-circulating** with other respiratory pathogens
  - **no clear pattern:** seasonal/predictable temporal or evolutionary
- Continuous **decline in SARS-CoV-2 reporting** due to
  - Reduced testing
  - Reduced surveillance activities
  - Delays in reporting
  - Incomplete/ lack of epi data

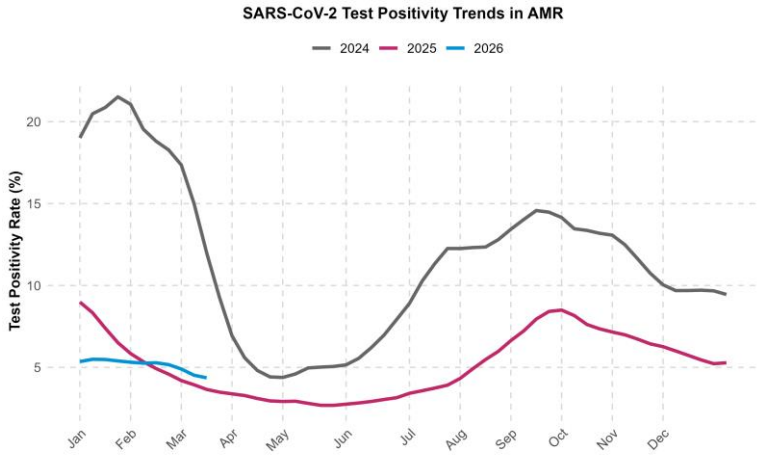
  with reporting bias towards high income countries
- **Reduced sequencing and delayed uploading** of sequence information
- **In 2026, overall SARS-CoV-2 activity is low at global level;** most countries report a downward trend in test positivity – however, this short-term pattern should be interpreted with caution

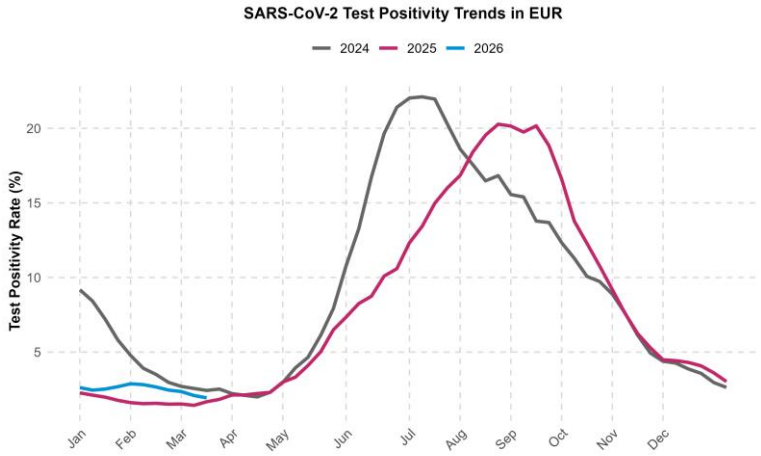
- Limited data to estimate **COVID-19 Burden of Disease** indicates **death rates similar to influenza in older adults** – need more countries doing BoD analysis, using systematic and comparable approaches

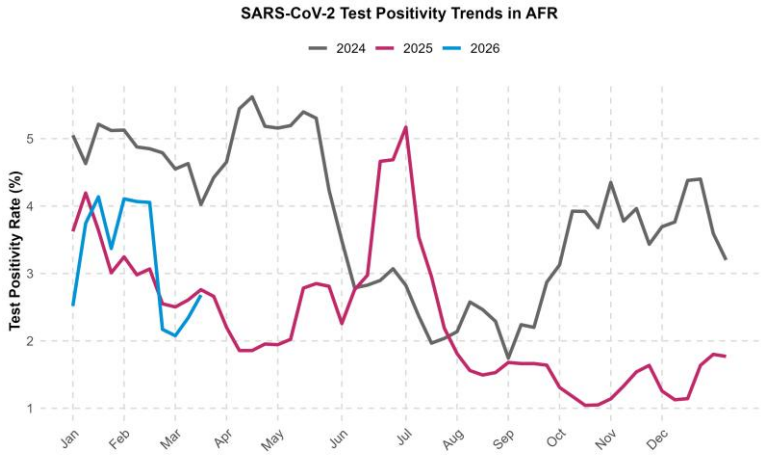
SARS-CoV-2 test positivity trends by WHO region

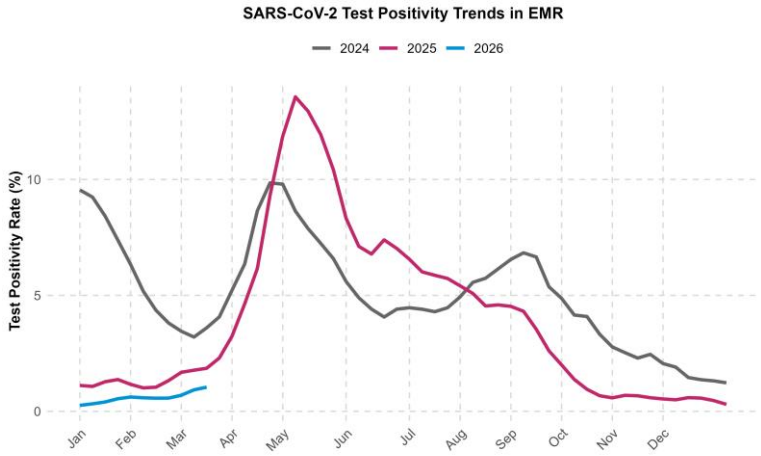
Updated 30 March

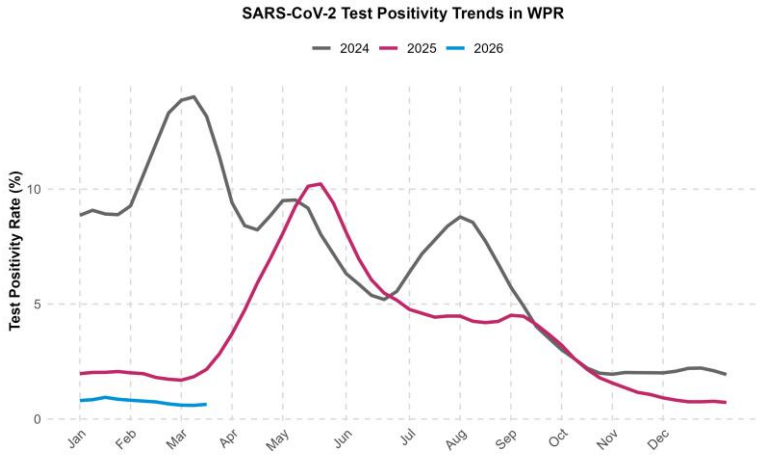
Data for January 2024 - March 2026

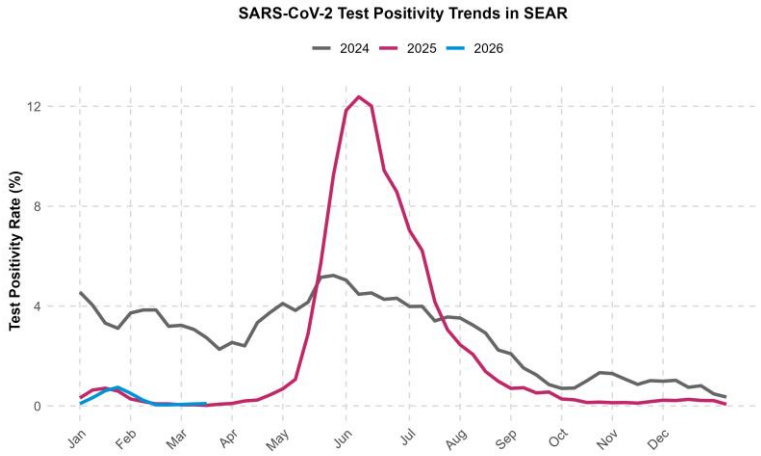












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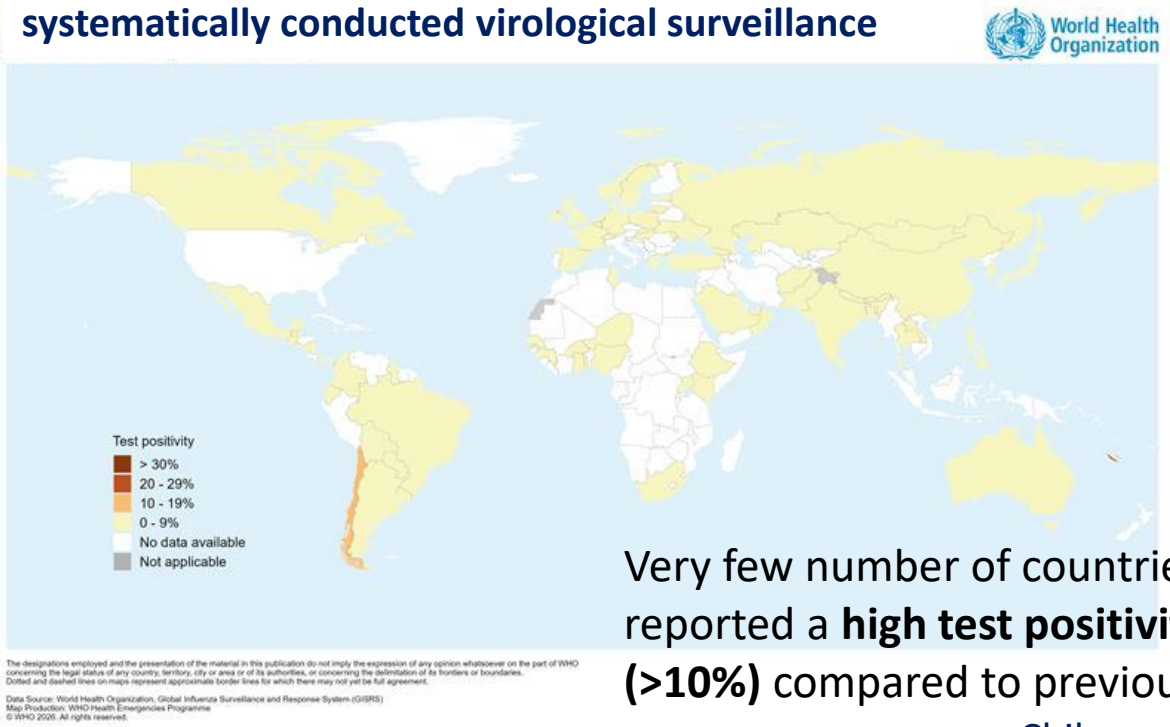
Data source: FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS).
Data as of 15 March 2026, generated on 30 March 2026

SARS-CoV-2 circulation – test positivity and deaths

Updated 30 March

Data for week ending 15 March 2026

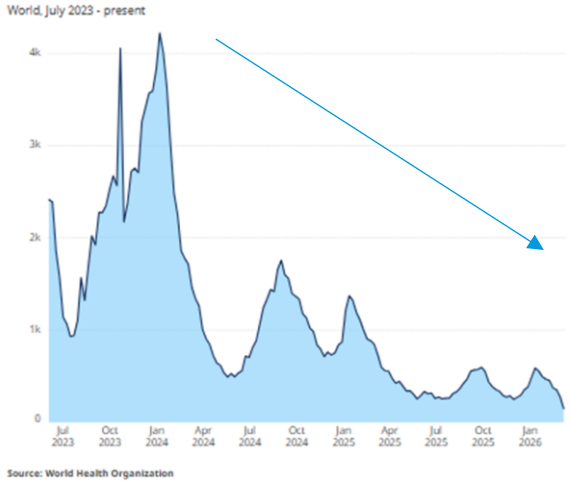
SARS-CoV-2 percent test positivity from systematically conducted virological surveillance



Very few number of countries reported a **high test positivity rate (>10%)** compared to previous week:

- Chile
- New Caledonia

Recent COVID-19 deaths reported to WHO (weekly)



Overall number of deaths has decreased significantly since 2023

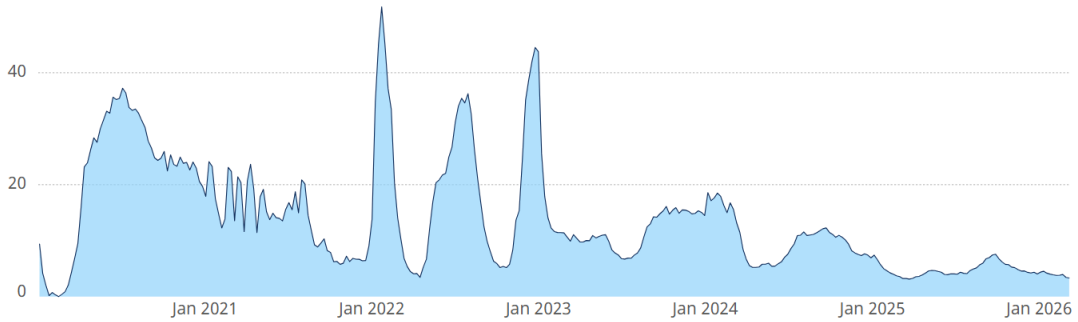
Most (~90%) deaths occur in older adults >65 years

Percentage of samples testing positive for SARS-CoV-2

World, Week 8 March 2026

3.31

Percent test positivity



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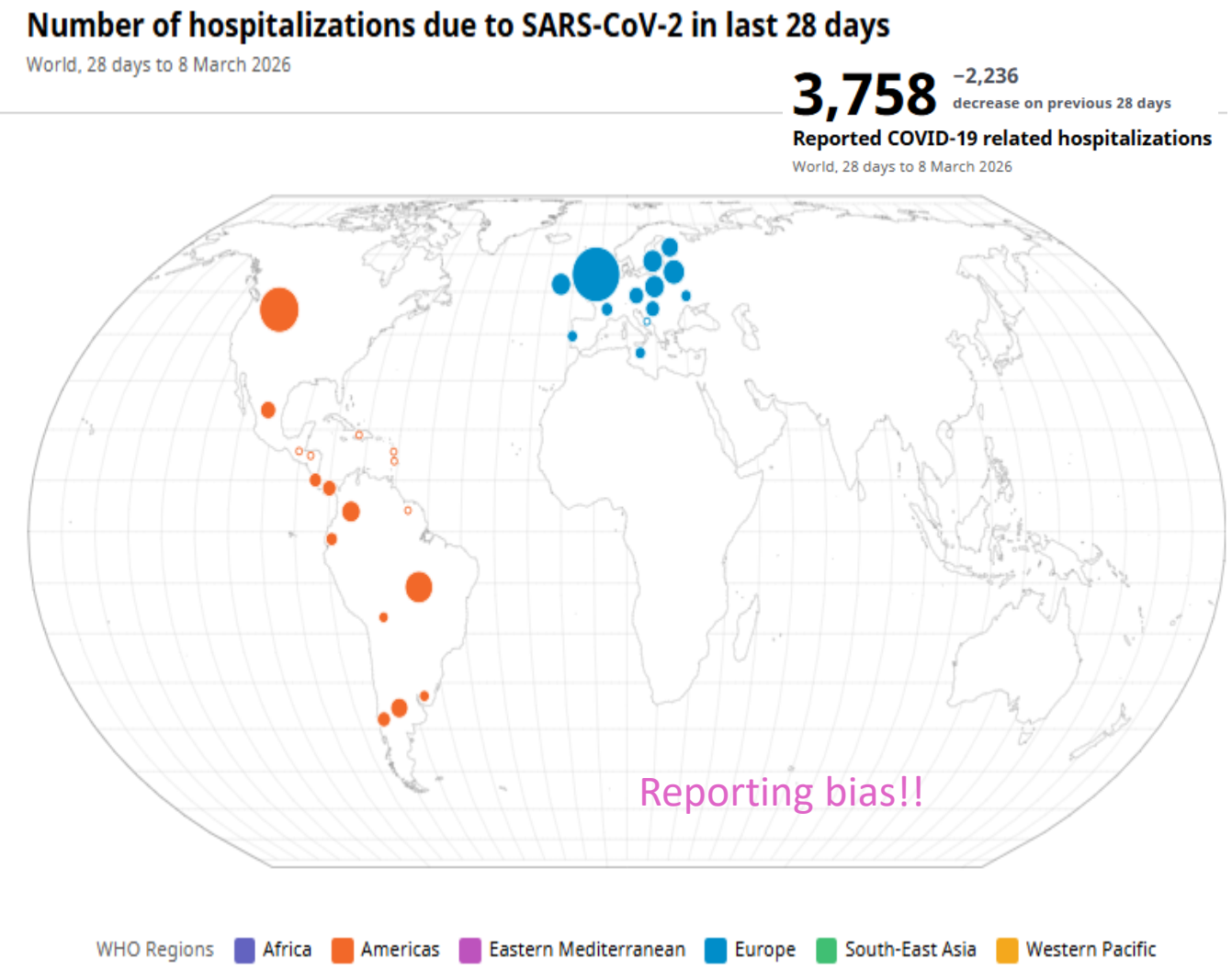
FluNet (www.who.int/toolkits/flunet). Global Influenza Surveillance and Response System (GISRS).

Hospitalizations and ICU admissions reported to WHO (updated 30 March 2026)

During the 28-day period (up to 28 March 2026)



During the 28-day period (up until 15 March 2026):

- a total of **2940 new hospitalizations and 182 new ICU admissions** were reported from 32 (14%) and 28 (12%) countries, respectively
  - Nr of new hospitalizations decreased by 30% (in the 32 countries reporting)
  - Nr of new ICU admissions decreased by 23% (in the 28 countries reporting)
- the largest numbers of COVID-19 hospitalizations:
  - UK of Great Britain and Northern Ireland (1284)
  - United States of America (377 *caveat: not updated*)
  - Brazil (371)
  - Latvia (149)
  - Poland (121)

WHO COVID-19 dashboard: https://data.who.int/dashboards/covid19/cases

SARS-CoV-2 continues to evolve; Variant circulatio

dominated by Omicron sublineages XFG & NB 1.8.1

28 day prevalence of SARS-CoV-2 variants of interest and variants under monitoring with change on previous 28 days

World, 01 February to 01 March 2026

Source: https://data.who.int/dashboards/covid19/variants

Variant	Prevalence	Category	Change
XFG	47.87%	VUM	−5.09
NB.1.8.1	16.59%	VUM	−0.65
Others	15.17%	Others	+1.57
BA.3.2	8.53%	VUM	+2.3
JN.1	8.06%	VOI	−0.56
KP.3.1.1	3.79%	VUM	+2.44

VOI: Variant of Interest VUM: Variant under Monitoring Others: Other variants

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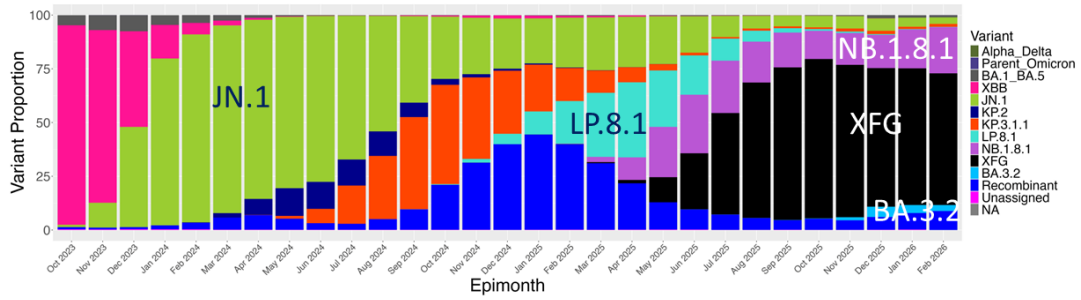
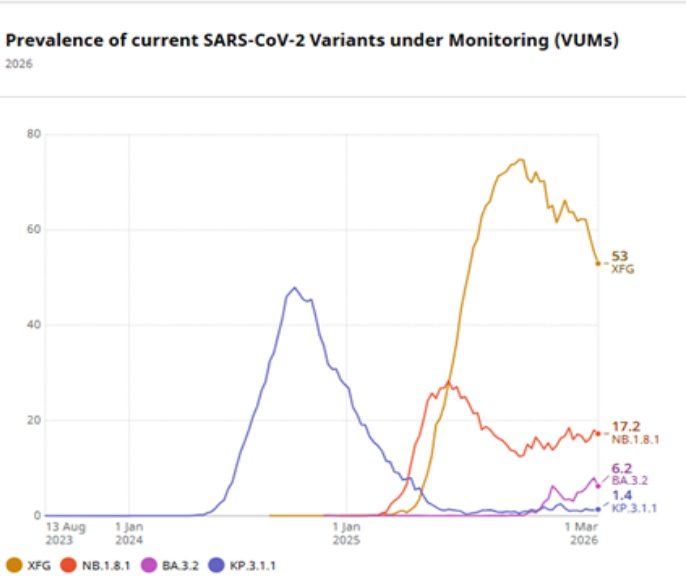
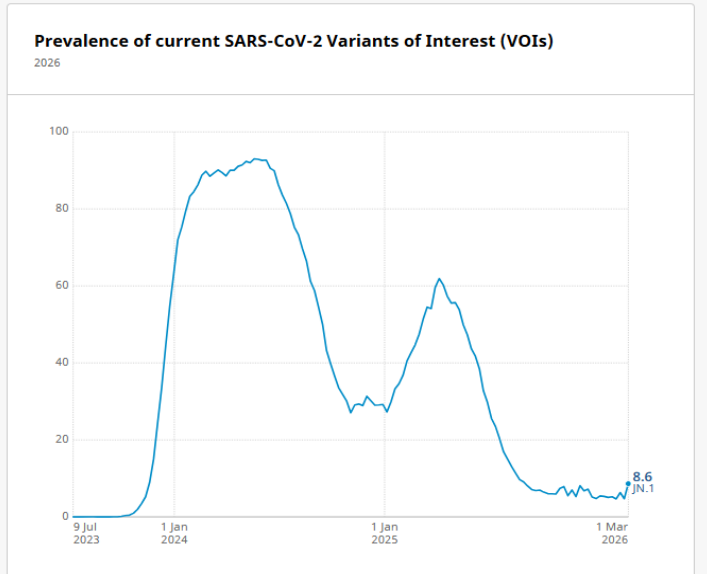
Post PHEIC variants



SARS-CoV-2 Variants under Monitoring (VUMs), World Variant information



SARS-CoV-2 Variants of Interest (VOIs), World Variant information

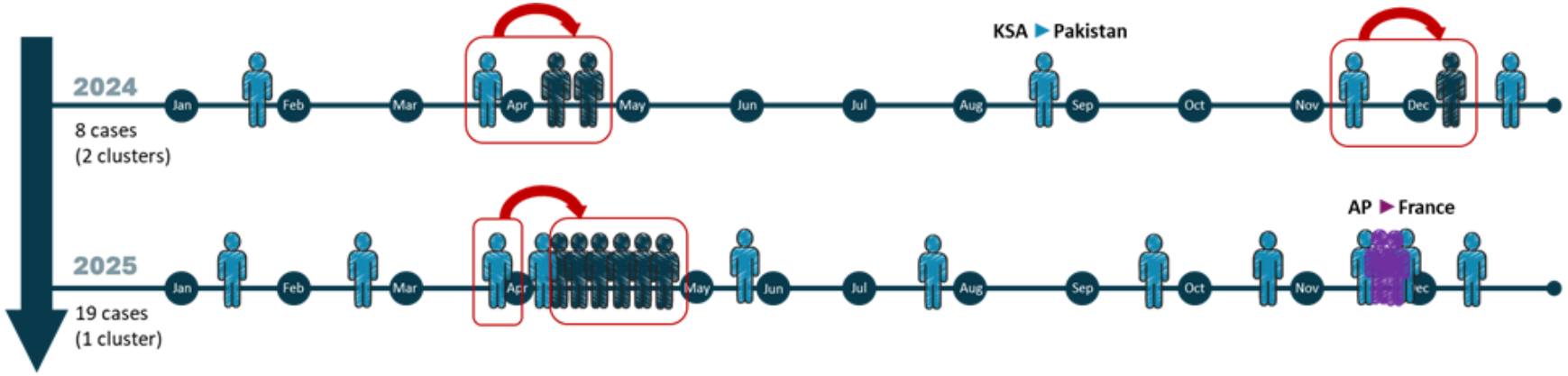


Global Overview – MERS-CoV

- **High impact** zoonotic coronaviruses (CFR= 37%) with **pandemic potential**; dromedary camels are the reservoir
- No specific therapeutics or vaccines licensed/ available; several candidates in development
- **Global Summary and Assessment of Risk** published in January 2026; covering the period 17 Nov 2022 to 5 Jan 2026: the global public health risk associated with MERS-CoV remains **moderate**
- Three recent **health-care-related clusters** reported by KSA (2 in 2024 and 1 in 2025)
- Three **traveler cases** reported in 2024 and 2025 (1 in Pakistan, 2 in France), all exposed in the AP; no secondary cases

As of 1 April 2026:
2636 cases/964 deaths
(**37% crude CFR**)

27 Countries
(>84% from KSA)



- **Zoonotic virus transmission from dromedary camels** remains an important mode of human infection
- Recent detection of Clade B in camels of African origin raises public health concerns; GLEWS+ risk assessment in progress
- **Reduced sequencing and delayed uploading** of sequence information

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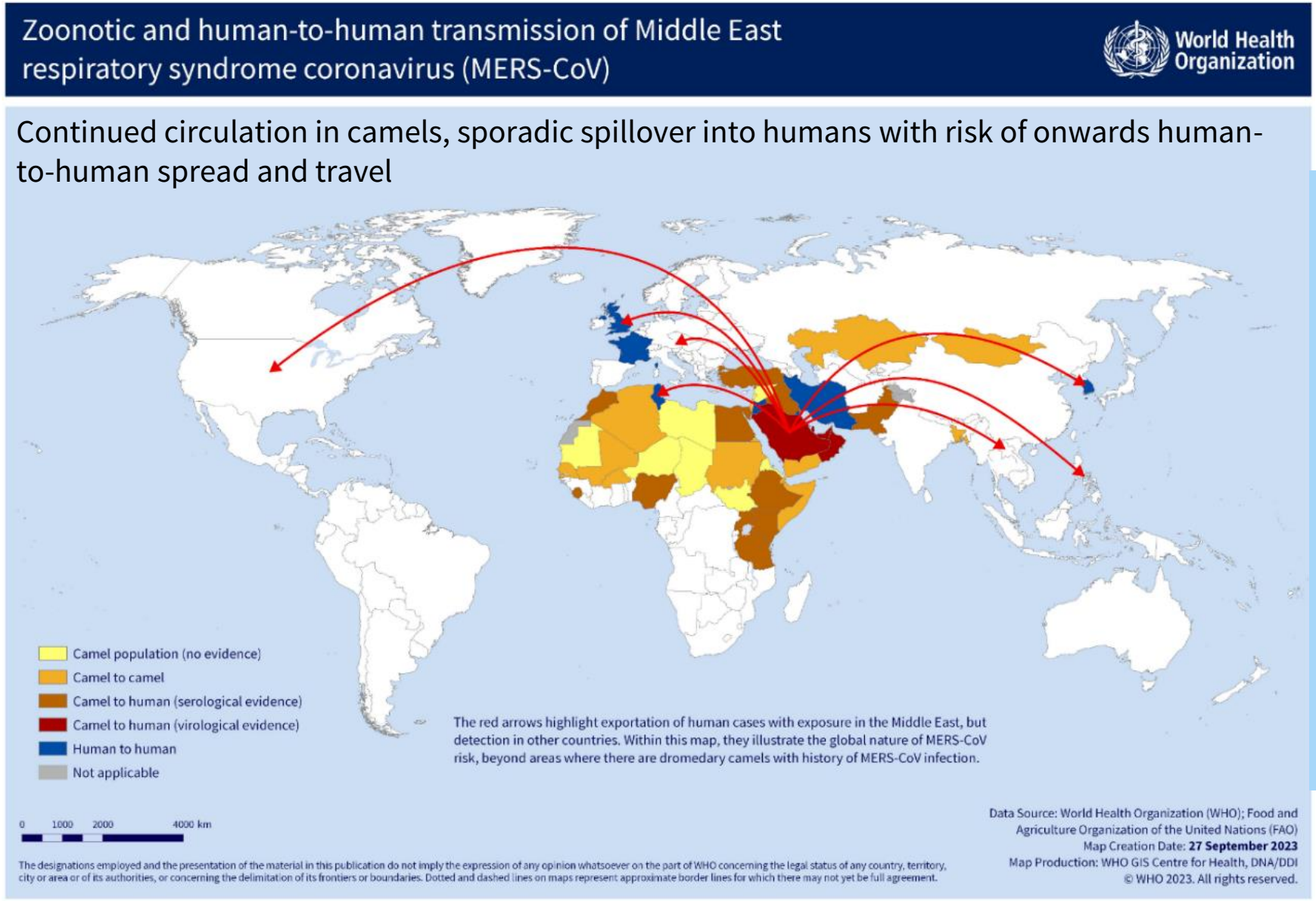
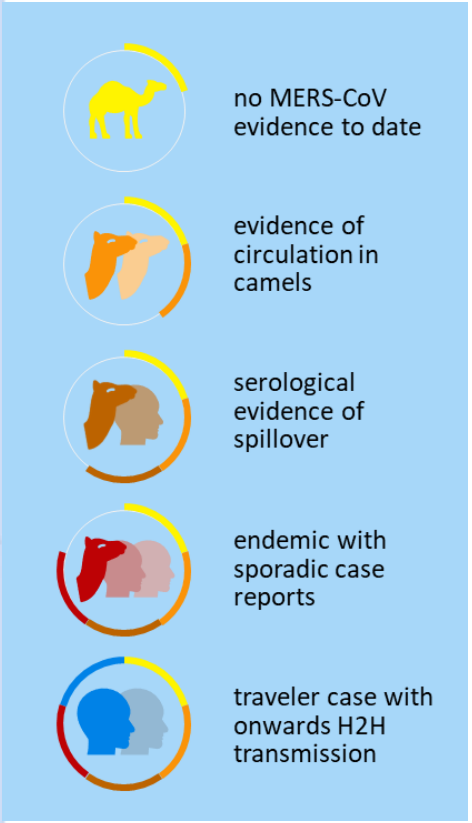
MERS-CoV – a global threat



Geographic distribution of MERS-CoV is much wider than evidenced by reported human cases

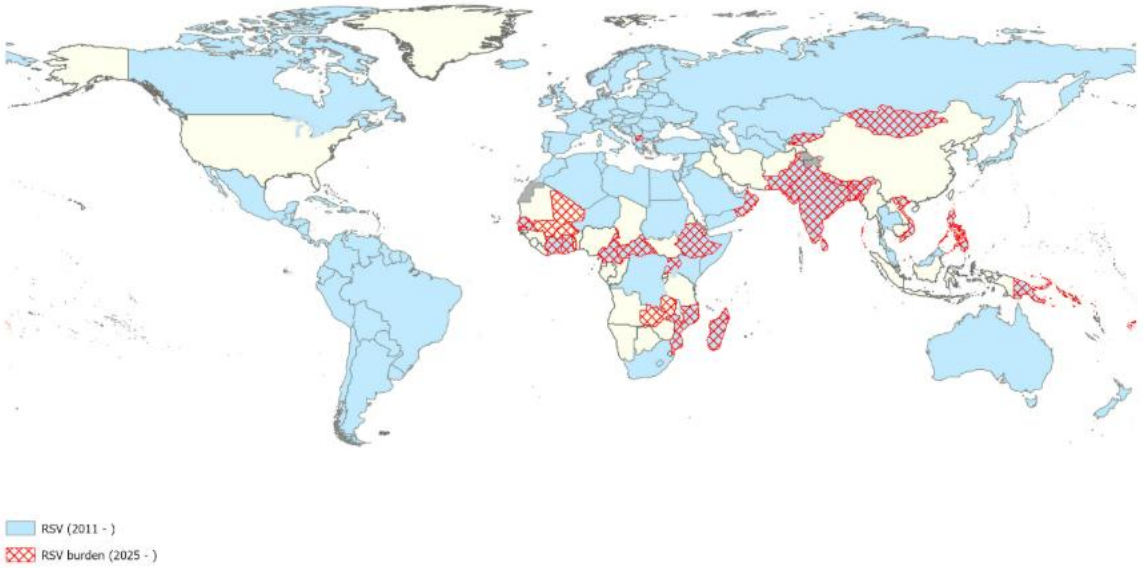


Zoonotic risk is where affected camels are!

For human case data see WHO MERS-CoV dashboard: https://data.who.int/dashboards/mers

RSV surveillance and monitoring

Countries reporting RSV data to RespiMart



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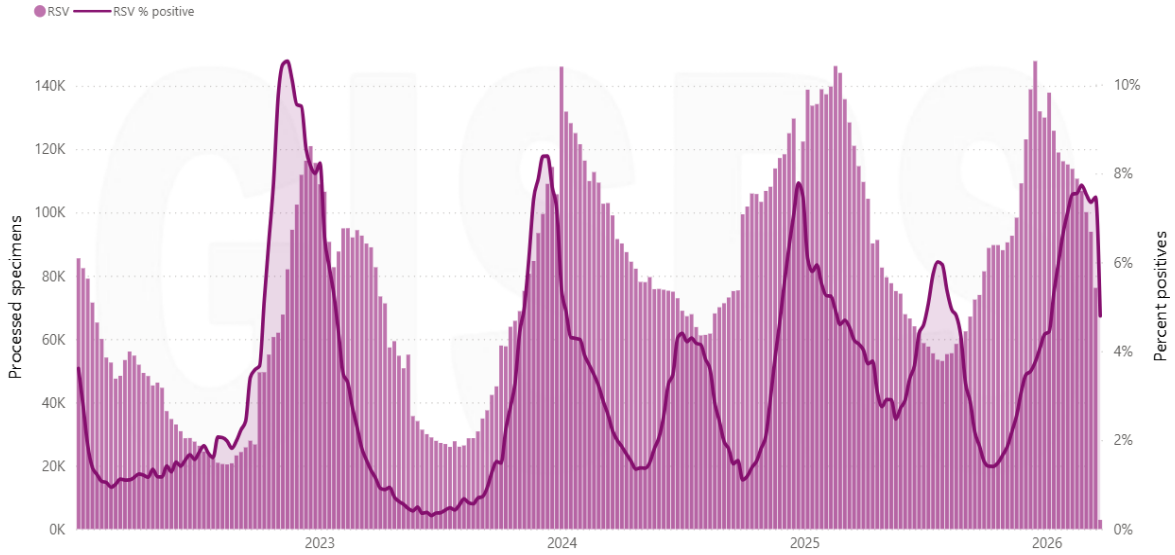
Data source: https://www.who.int/tools/respimart

RSV tested specimens and related % positives reported to FluNet



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Data source: Global Influenza Surveillance and Response System

- More than 90 countries report GISRS-based sentinel RSV surveillance data to WHO
- Approximately 100 000 specimens tested per week

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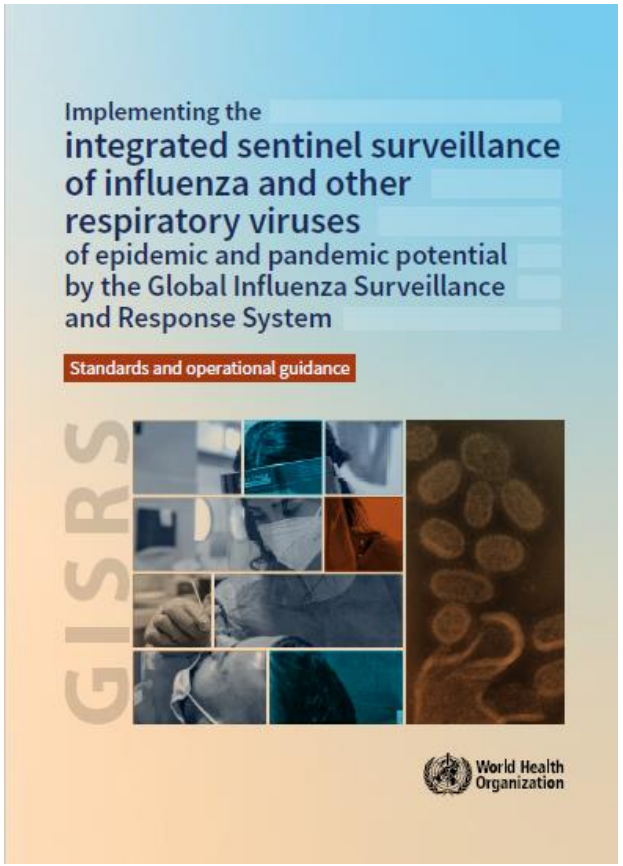
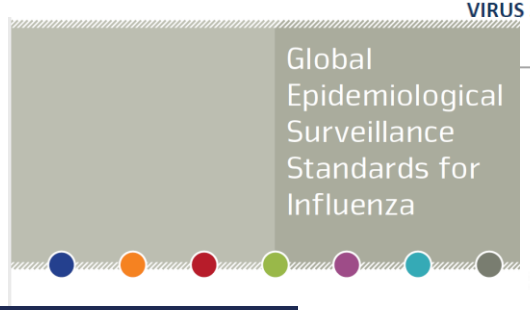
Updated integrated surveillance guidance for influenza, SARS-CoV-2 and other respiratory viruses

This updated guidance stands in as the new guidance and standards, superseding prior guidance:



https://iris.who.int/handle/10665/379678



WHO STRATEGY FOR GLOBAL RESPIRATORY SYNCYTIAL VIRUS SURVEILLANCE PROJECT BASED ON THE INFLUENZA PLATFORM

-- Revised based on outcomes of the pilot phase --

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Key points

- Countries are advised to sustain collaborative surveillance for COVID-19, in order to provide a basis for situational awareness and risk assessment and the detection of significant changes in virus characteristics, virus spread, disease severity and population immunity, as per the WHO Director-General's standing recommendations for COVID-19.
- Integration of COVID-19 surveillance with surveillance for other respiratory infections, e.g. influenza, should be prioritized, to provide baselines relative to other circulating viruses.
- WHO urges countries to report epidemiological and laboratory information in a timely manner to established WHO regional or global platforms, through RespiMart and the expanded activities of the Global Influenza Surveillance and Response System (GISRS).
- Multiple approaches should be applied to SARS-CoV-2 surveillance, including monitoring infections in populations at highest risk of severe disease, characterizing new SARS-CoV-2 variants and investigating post COVID-19 condition.
- SARS-CoV-2 testing should continue strategically and be integrated into existing infectious disease (e.g. respiratory pathogen) surveillance systems.
- It is crucial to continue genomic surveillance for SARS-CoV-2 and other pathogens with epidemic and pandemic potential using capacities that were strengthened for COVID-19. Testing, reporting and risk assessment for SARS-CoV-2 continues to be needed and should utilize genomic surveillance and phenotypic assessment.
- Strengthened COVID-19 surveillance systems enhance pandemic preparedness for respiratory pathogens. Countries are urged to maintain operational readiness for surges of COVID-19 and other emerging and re-emerging pathogens.
- WHO encourages its Member States to improve data linkage, share data and experiences and explore more innovative and collaborative approaches to timely detection of outbreaks, understanding risks and vulnerabilities.

https://www.who.int/publications/m/item/who-policy-brief-covid-19-surveillance

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GLOBAL INFLUENZA PROGRAMME

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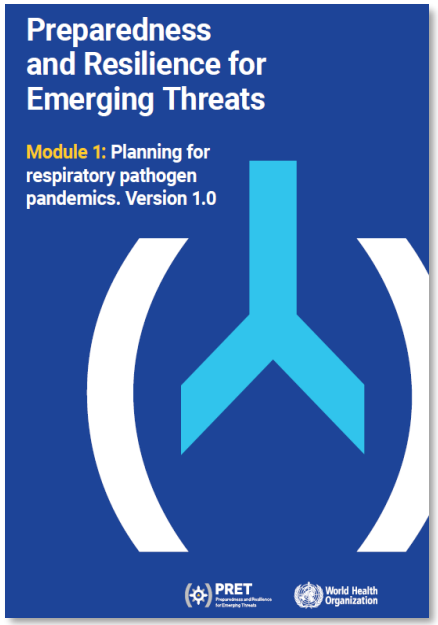
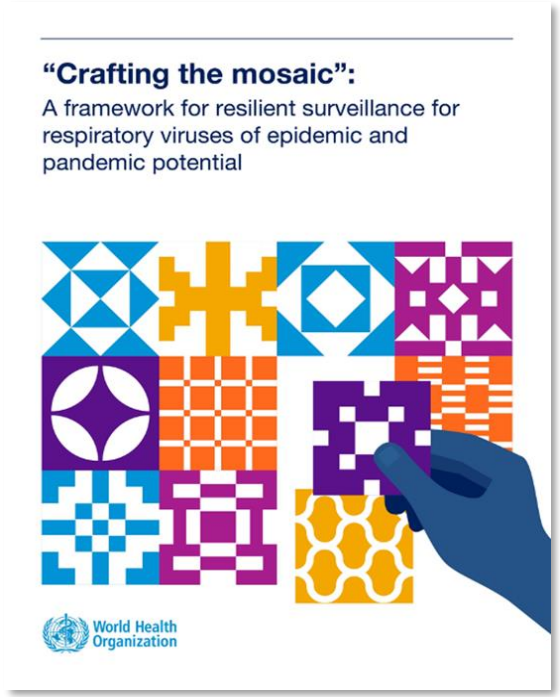
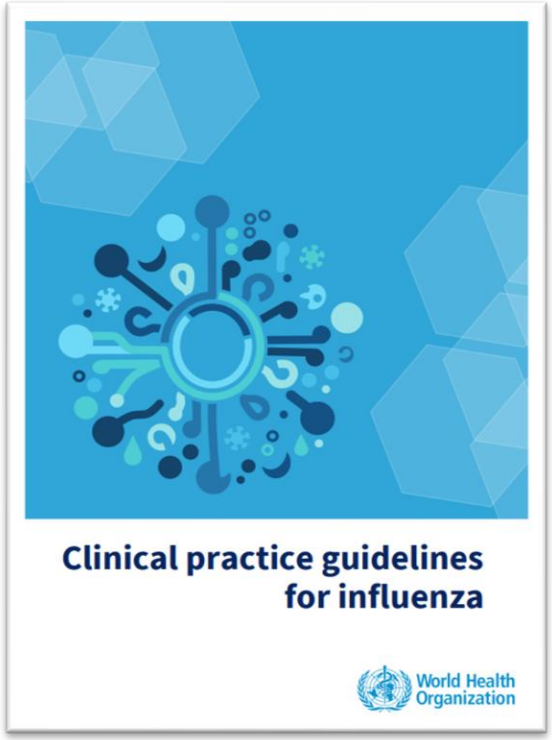
Tools to strengthen respiratory disease management

PRET
Preparedness and Resilience for Emerging Threats

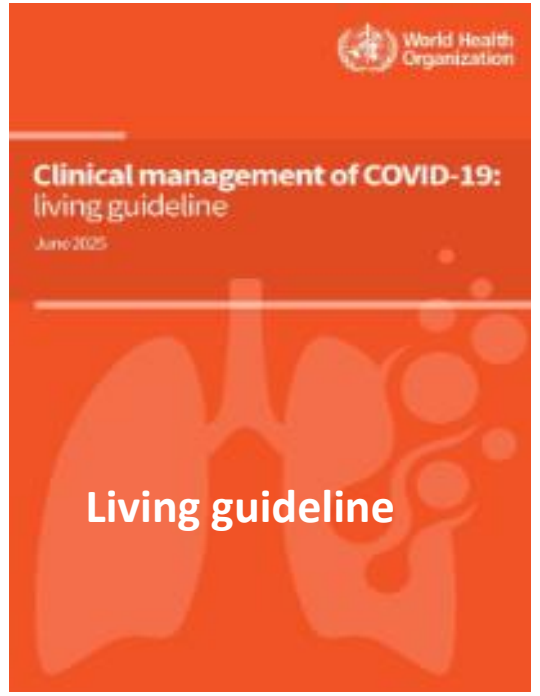






Updates in progress:

- IPC guideline for acute respiratory infections
- MERS Clinical Management and Diagnostics



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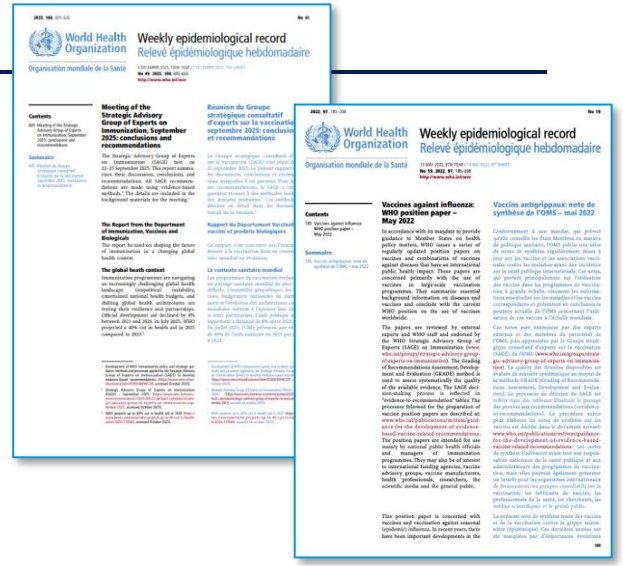
WHO recommendations on influenza vaccination



Updated SAGE recommendations for seasonal influenza vaccination (May 2022)

All countries recommended to consider implementing seasonal influenza vaccination programme. Priority target groups:

- **Health workers, individuals with comorbidities/underlying conditions, older adults, pregnant women**
- **Children** also considered an important target population

Updated SAGE recommendations for influenza A (H5) vaccination for the interpandemic and emergence periods (Sep 2025)

Countries consider the use of licensed influenza A(H5) vaccines for **individuals at risk of occupational exposure**, specifically in the following groups:

- **Laboratory workers who handle influenza A(H5) viruses**, including laboratory workers who manipulate, or culture these viruses.
- **First responders to influenza A(H5) outbreaks in animals** especially those involved in handling, culling, and disposing of infected (or suspected-as-infected) animals or cleaning of the environment where such animals are kept.
- **People with ongoing contact with animals or their environments in geographical areas where animal/ human infections have been reported.** This could include individuals routinely, occupationally or otherwise, exposed to animals, their secretions or contaminated environments, such as poultry/farm workers, veterinarians, zookeepers, backyard bird flock owners, live bird market vendors, and people with recreational exposure to animals (e.g. hunters, wild bird watchers).
- **Health workers who evaluate and manage suspected or confirmed human influenza A(H5) cases** in designated outpatient or inpatient referral facilities, including potential vaccinators of humans.

World Health Organization

https://www.who.int/publications/i/item/who-wer9719
https://iris.who.int/handle/10665/384559

HEALTH EMERGENCIES programme

WHO recommendations around COVID-19 vaccination

Experts on Immunization (SAGE): *whom*

Considerations for countries:

- Local epidemiology, population characteristics, access to COVID-19 vaccines, cost-effectiveness, acceptability, and programmatic feasibility.

SAGE recommendation, March 2026:

- Countries should consider routine COVID-19 vaccination of groups at highest risk of severe COVID-19 disease:
  at least one dose per year, preferably two (6m apart)


- Countries may consider routine COVID-19 vaccination of additional groups:
  at least one dose per year or pregnancy (2nd trim)


Position paper to be published in 2026

https://cdn.who.int/media/docs/default-source/_sage-2026/final-highlights_18-march-2026.pdf?sfvrsn=c5461229_1

Experts on Vaccine Composition (TAG-CO-VAC): *what*

Objective:

- Achieve broadly cross-reactive vaccine-elicited immune responses in the context of continued SARS-CoV-2 evolution.

TAG-CO-VAC recommendation, December 2025:

- **Monovalent LP.8.1** is the recommended vaccine antigen.
- The previously recommended **JN.1 lineage** (JN.1 or KP.2) **antigens remain suitable alternatives** and vaccination should not be delayed in anticipation of access to vaccines with the LP.8.1 composition.
- Other approaches that **demonstrate broad and robust neutralizing antibody responses or efficacy** against currently circulating SARS-CoV-2 variants could also be considered.

Next decision meeting: May 2026 (every 6 months)

https://www.who.int/news/item/18-12-2025-statement-on-the-antigen-composition-of-covid-19-vaccines

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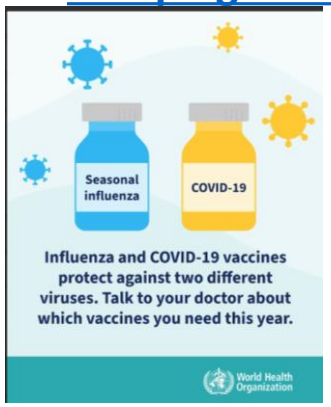
COVID-19 Vaccination Data (2024) and Tools (most updated data as of March 2026)

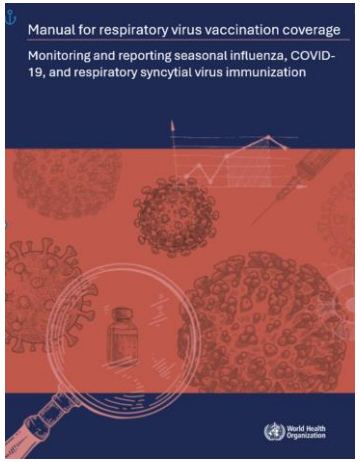
COVID-19 vaccination rates and reporting has dropped substantially in the last two years. WHO has developed resources to support countries in conducting advocacy, addressing misinformation, and improving monitoring of COVID-19 vaccination.

Target population group	No. of Member States with a policy for COVID-19 re-vaccination/boosters	No. of Member States reporting COVID-19 vaccination coverage data	Median coverage of reporting Member States
Older adults	108	42	6.5%
People with chronic conditions	102	17	1%
Health workers	90	20	7.2%
Pregnant persons	81	16	2.7%
Total COVID-19 vaccination (not disaggregated by target population group)	58 recommend for all adults 36 recommend for children/adolescents	31	3.94%

Campaign materials



Coverage manual



Toolkit - guidance, training, and tools

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HEALTH EMERGENCIES programme

National actions for strengthening prevention and control

CALL TO ACTION BY 2040

Reduce annual health and economic impacts and prepare for future pandemics through

• Integrated national programmes • Sustainable funding • Global collaboration

PHSM

- Evidence-informed
- Equitable
- Context specific

Vaccines

- Value communicated
- Coverage targets achieved

Antivirals

- Timely access
- Systematic use

- Provides specific actions that MS, WHO, and partners can take to achieve the Global Influenza Strategy outcomes
- Recognizes similarities between influenza, COVID-19, and RSV
- Incorporates a holistic approach to prevention and control tools (PHSM, vaccines, and antivirals)

CROSS-CUTTING ENABLERS

Leadership & governance • Training • Community engagement • Integrated service delivery • Monitoring and improvement

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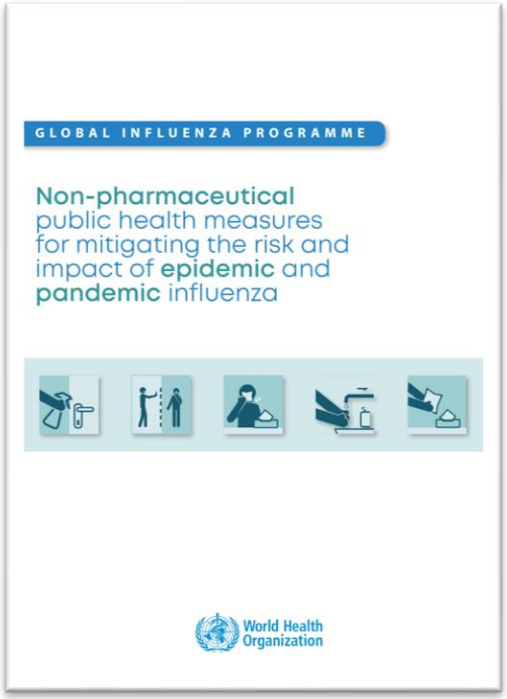
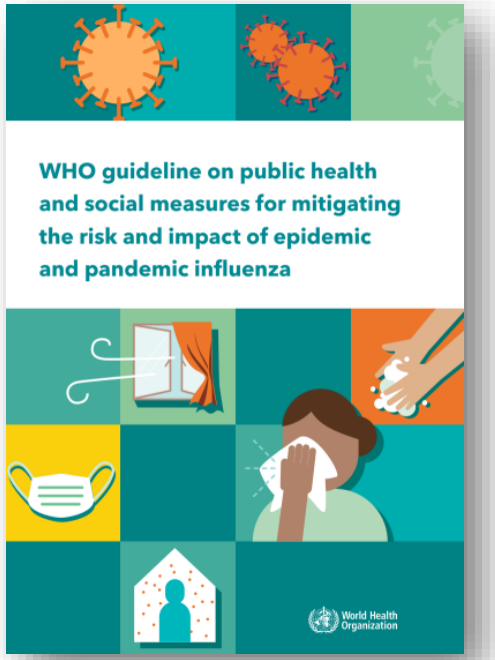
Guideline on PHSM for mitigating the risk and impact of epidemic and pandemic influenza

2019



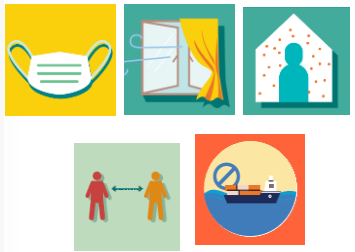
https://iris.who.int/bitstream/handle/10665/329438/9789241516839-eng.pdf?sequence=1

COMING SOON



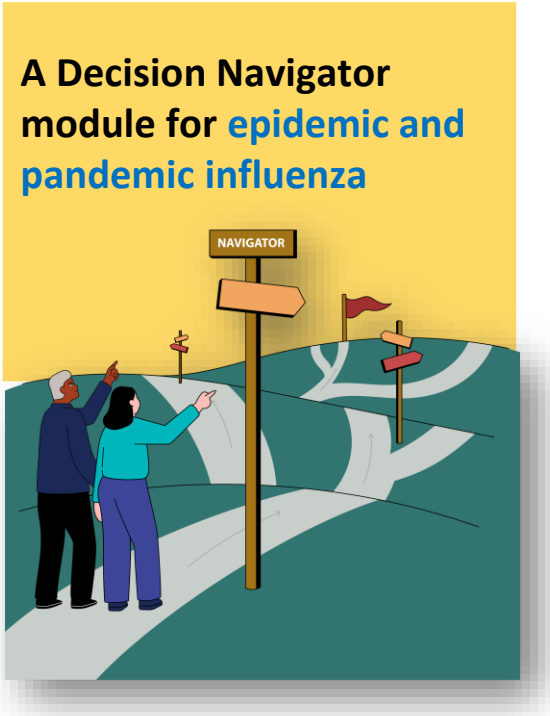
21 Recommendations

5 PHSM categories



5 new PHSM included

UNDER DEVELOPMENT



Operationalization of the guideline

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EPM risk maps: Enhancing preparedness through data analytics

Mapping emergence risk of pathogens with epidemic and pandemic potential

Intended purpose:

- Identify priorities and strengthen surveillance and diagnostic capacities for animals and humans in hotspots
- Enhance early detection, prevention of and response to outbreaks of emerging and re-emerging zoonotic pathogens

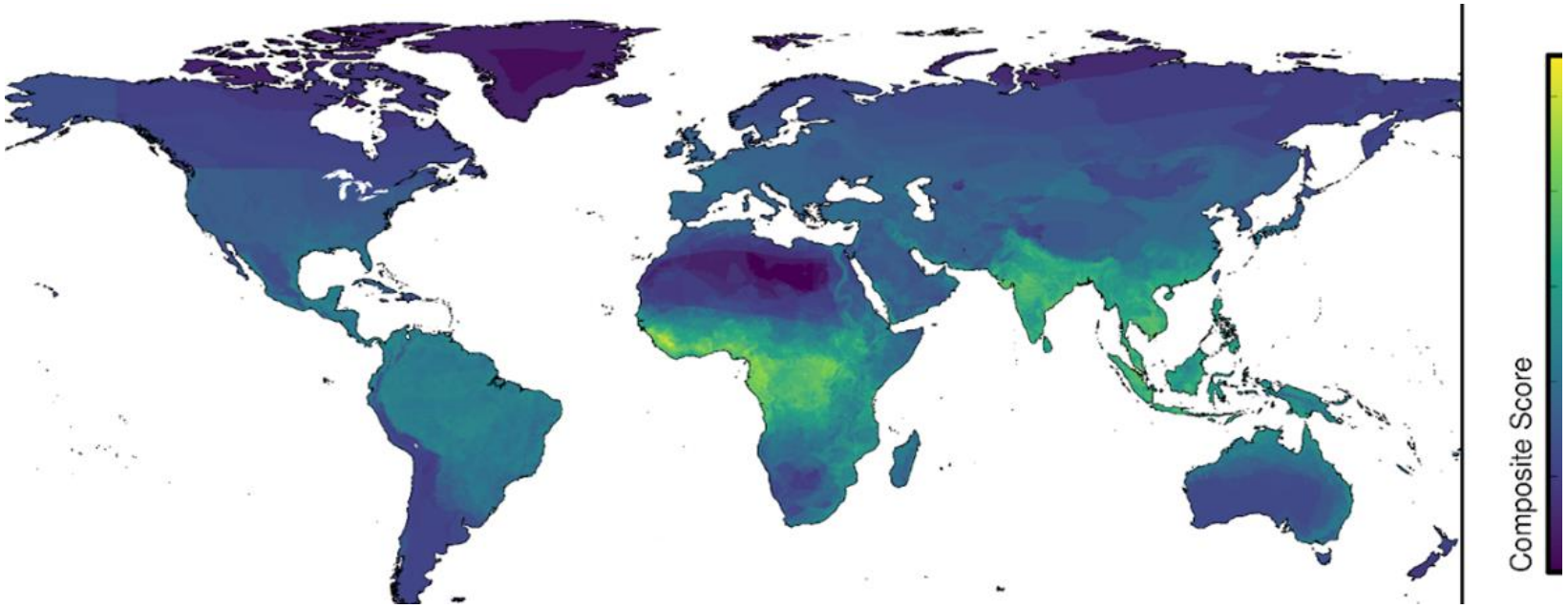
Impact:

- Improve prevention, preparedness, readiness and response activities to **limit pathogen amplification in human populations**

Additional (future) layers:

- Diagnostic resources
- Healthcare system services
- Technical and reporting capacities

Synthesis of data from multiple sources helps to understand geographic extent of disease emergence, to inform targeted disease surveillance, and to develop appropriate prevention and response activities



***16 pathogens included**:* Dengue, Chikungunya, Zika, Henipaviruses: Hendra and Nipah, mpox, MERS-CoV, Plague, Ebola, Marburg, avian influenza, SARS-CoV-2, Lassa fever, Rift Valley fever, and Crimean-Congo haemorrhagic fever, Yellow fever

IHME Institute for Health Metrics and Evaluation

Cary Institute of Ecosystem Studies

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

WHO GISRS Investigations and Studies (Unity Studies)

- **Template protocols and others in *development*:**
  1. The **First Few X cases and contacts (FFX)** investigation
  2. **Household transmission** (HHTI)
  3. **Closed settings transmission**
  4. Population-based **seroprevalence** investigation
  5. The **First Few X cases and contacts diagnostic test evaluation**
  6. *Rapidly assessing **clinical severity***
  7. *The **First Few X (FFX) Case Series** investigation*
  8. ***Vaccine effectiveness** protocols*
- **Implementation tools**
  - Ethics toolkit
  - Statistical analysis plans
  - Results sharing agreement templates

Separate protocols for influenza, COVID-19, MERS and respiratory pathogens with pandemic potential/pathogen X

https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-investigations-studies-unity

Global network of sites launched in May 2025

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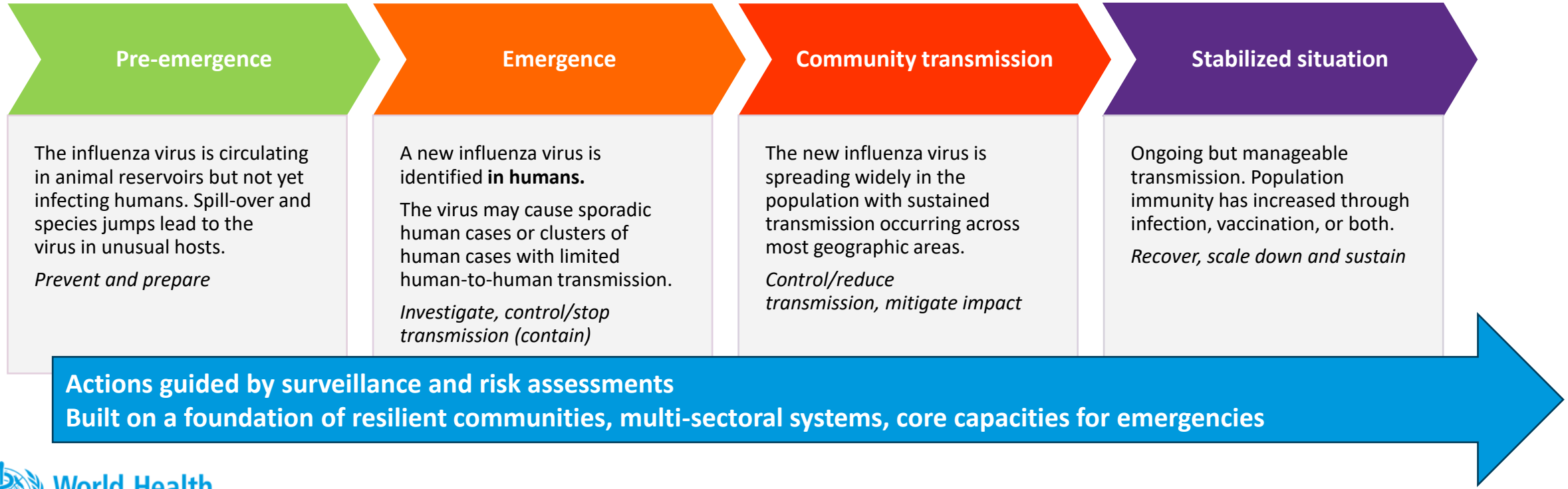
Surveillance guidance during an influenza pandemic

- **Goal:** To provide a standardized approach for surveillance during the transition from seasonal influenza to a pandemic
- **Target audience:** National/subnational health authorities and GISRS laboratories
- **Core principle:** Leverage existing seasonal systems (SARI/ILI) rather than building from scratch
- **Key shift:** Moving from "case counting" to assessing severity, burden and impact



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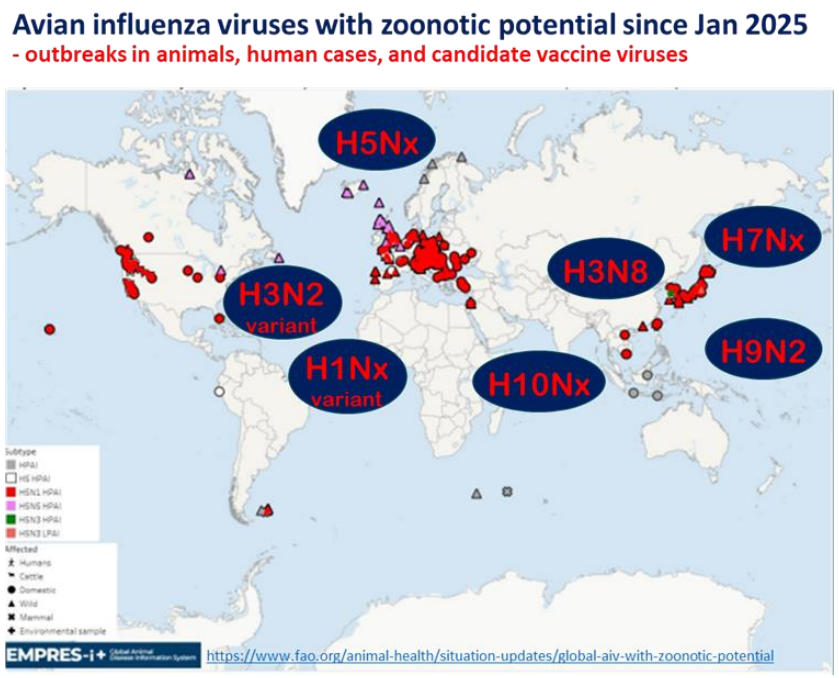
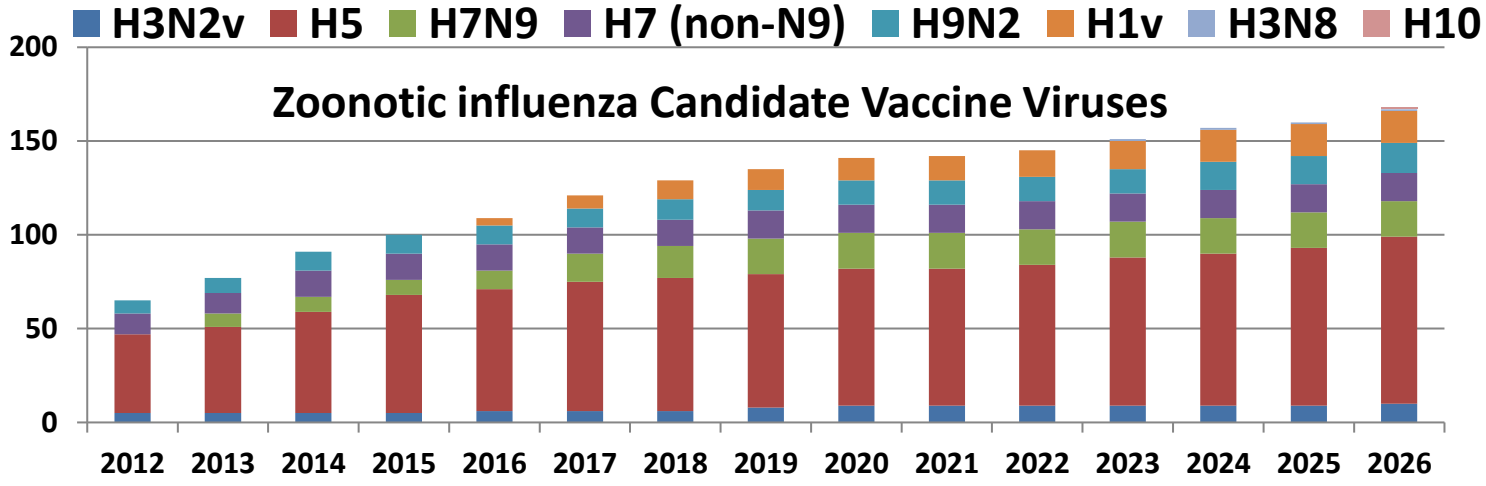
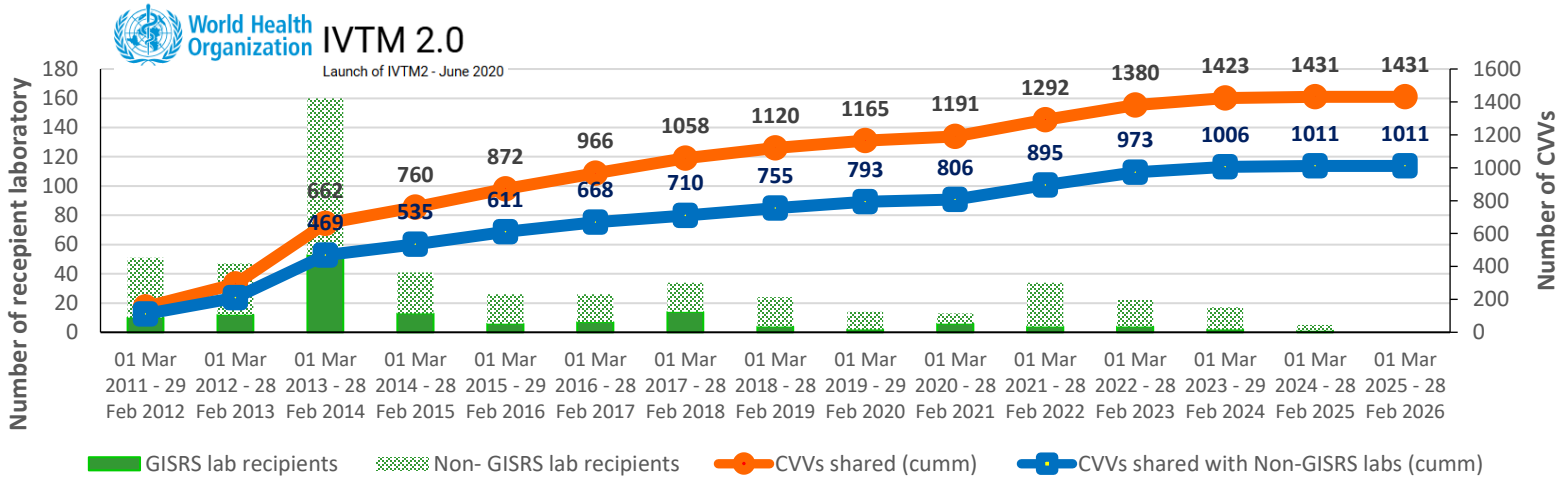
Zoonotic candidate vaccine viruses developed and shared by GISRS







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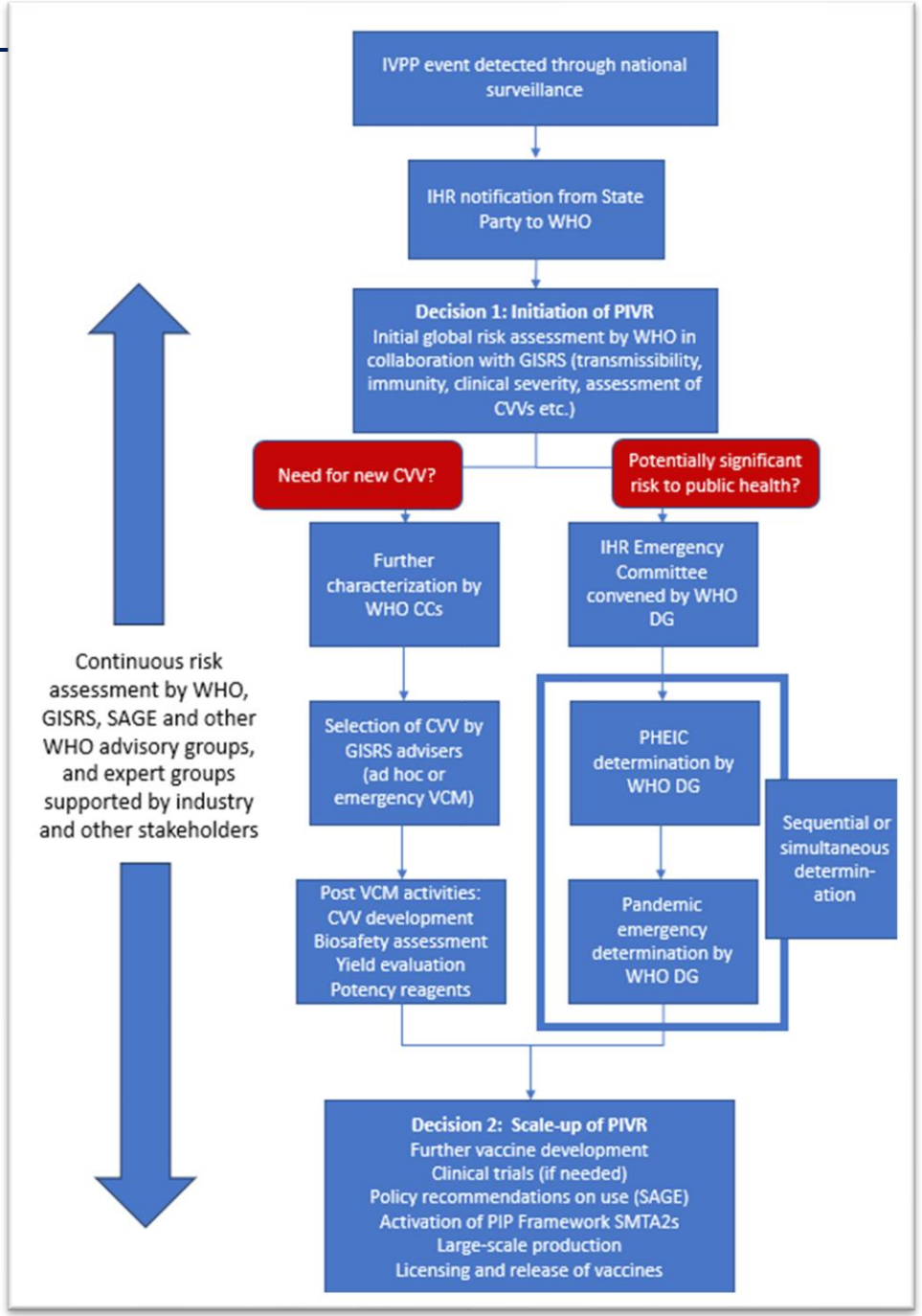
Pandemic Influenza Vaccine Response Operational Plan

A **decision-making framework** to support **timely, transparent and evidence-informed** action for pandemic influenza vaccine preparedness and response to novel and potentially pandemic influenza viruses.

The framework aims to:

- enable **early and coordinated action** between stakeholders preparing to produce safe and effective pandemic influenza vaccines;
- support global health security by **minimizing delays in vaccine production and availability** during an emerging pandemic threat;
- **facilitate collaboration** among WHO, Member States, GISRS, industry, regulatory authorities and other stakeholders involved in decisions around initiating pandemic influenza vaccine response efforts.



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PIP Framework

PIP Framework
15 years of strengthening pandemic influenza preparedness for a more equitable response

A public health **Access and Benefit Sharing system** adopted by the World Health Assembly in 2011 to **strengthen global influenza surveillance** through timely sharing of influenza viruses with pandemic potential (IVPP) with the Global Influenza Surveillance and Response System (GISRS) and **increase equity of access** to pandemic response measures such as vaccines.

Following 15 years of PIP Framework implementation, key achievements include:

Pandemic Response Products

100 SMTA2 Agreements Signed

Cat A — **Vaccine** Mx: 17
Cat B — **Diagnostics & Other pandemic products:** 2
Cat C — **Other institutions** (e.g. academia): 82

~11% of future pandemic vaccine production =
> 940M doses in the first year*
25M Syringes

Up to 5M treatment courses

250,000 diagnostic kits

Partnership Contribution

US$ 350M collected

86 Countries Supported

Work conducted at all **3 levels of WHO:**
Country, Region, Global

Progress against indicators and milestones, as per the HLIP III M&E Framework, is reported in 4 reports per biennium. All reports are available online on the PIP PC webpage.

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HEALTH EMERGENCIES programme

We are producing two documents in focus –*living documents – periodically updated*

Focus: Strategic execution and coordination of MCM activities including R&D, regulatory processes, manufacturing scale-up, allocation, logistics, funding, and partnerships.

Audience: WHO staff and partners across the MCM end-to-end value chain.

Access to Pandemic Influenza Medical Countermeasures

Operational Strategy

Global Allocation Framework for Pandemic Influenza Medical Countermeasures

Focus: Allocation principles, criteria, data (linked to allocation criteria, supply, demand etc), governance structures (incl. coordination with other access and allocation mechanisms).

Audience: WHO Member States, WHO staff and partners involved in allocation.

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Proposed allocation principles to govern the allocation framework including the mechanism that will implement it

- **Solidarity**: Uniting efforts to ensure a global response that fosters equitable access and avoids actions that could inadvertently hinder it.
- **Accountability:** Clearly established roles and responsibilities ensure transparency, fairness, and procedural justice in all actions taken.
- **Transparency:** Maintaining open and honest communication, as well as visibility on allocation guidelines and decisions to foster and sustain trust among all stakeholders.
- **Responsiveness to public health needs:** Health products are carefully selected and allocated to address the most urgent public health risks and needs, ensuring timely and equitable access.
- **Supporting research:** Allocation also supports research efforts where appropriate, contributing to evidence generation, innovation, and improved understanding of product performance without undermining public health access.
- **Equity and fairness:** Allocation processes are guided by equity and fairness, ensuring resources reach those most in need, timely and in line with public health needs, with prioritization approaches mindful of access difficulties that some countries may face during the pandemic.
- **Affordability:** Consideration is given to pricing and procurement strategies to improve affordability of health products.
- **Collaboration and coordination**: Strengthening partnerships among global and national stakeholders to accelerate and scale up the response efforts effectively.
- **Regulatory :** Agile, timely and comprehensive regulatory oversight to whole product life-cycle is incorporated to improve timely access and to safe, efficacious and quality health products, their post-introduction monitoring for all countries in need.
- **Procurement efficiency:** Promoting transparent, coordinated, and needs-based procurement practices of safe, efficacious and quality health products, aligned with the goal of equitable access.

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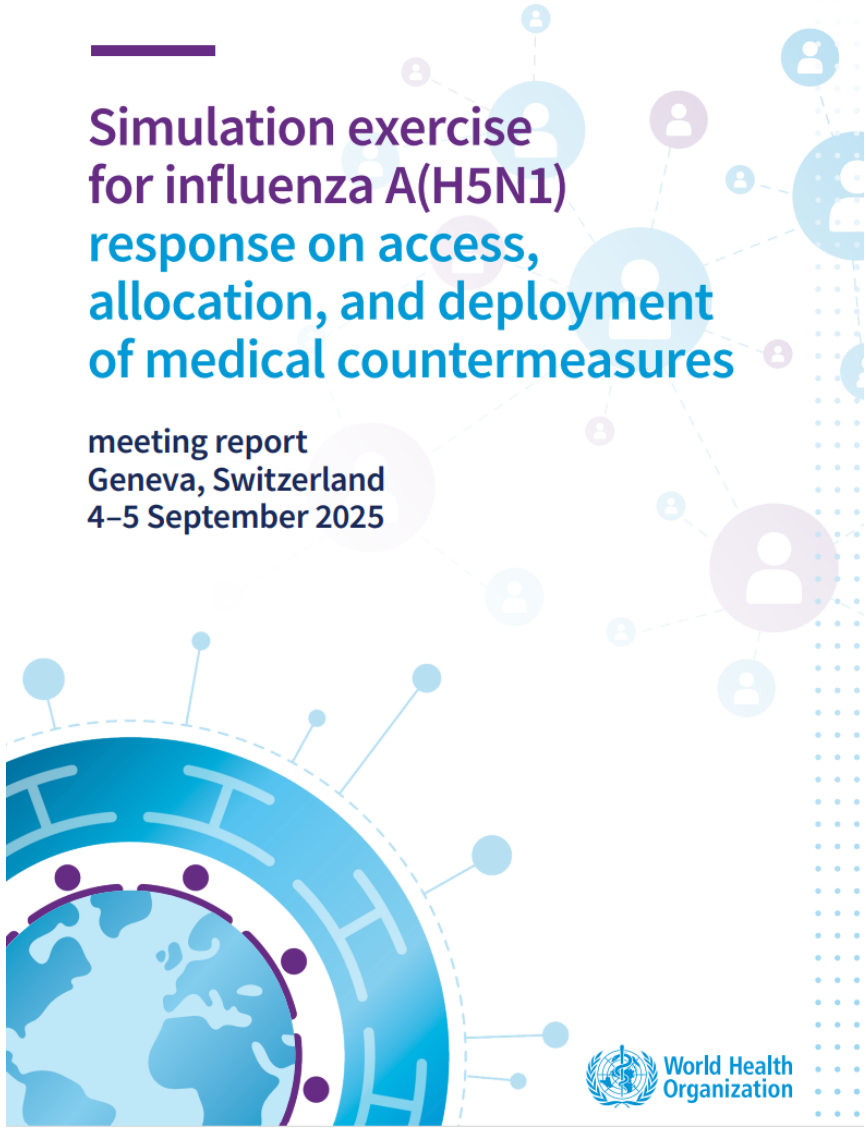
SimEX (4-5 Sep) occurred within the context of developing the

- Global Allocation Framework for Pandemic Influenza Medical Countermeasures and
- The Operational Strategy more widely



World Health Organization (2026). Simulation exercise for influenza A(H5N1) response on access, allocation, and deployment of medical countermeasures : meeting report, Geneva, Switzerland, 4–5 September 2025, Geneva. World Health Organization. https://doi.org/10.2471/B09685. License: CC BY-NC-SA 3.0 IGO

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Next steps following the SimEX

- Integration of insights into the Global Allocation Framework
- Strengthening operational strategies
  (the Operational Strategy)
- **Establishing a cross-cutting working group across partners to take forward key issues – this is now running focusing on 3 modules:**
  - **MODULE 1: Data systems & analytics**
  - **MODULE 2: Modelling & costing**
  - **MODULE 3: Global Allocation Platform integration & coordination**

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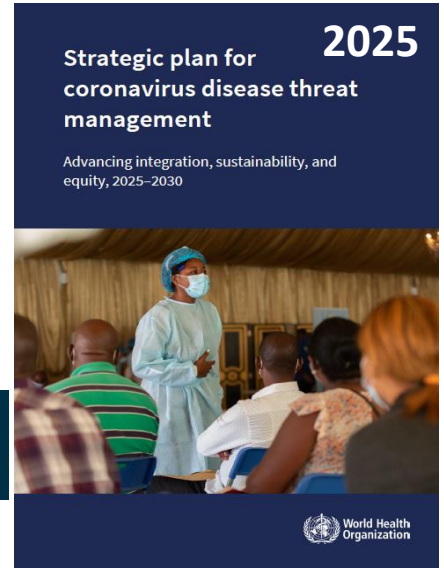
WHO coronavirus disease threat management strategy, 2025-2030

https://www.who.int/publications/i/item/9789240117662

From emergency response to long-term, integrated and sustained management

WHO Global COVID-19 and other Coronaviruses Programme



&
Monitoring
Evaluation
Learning

2025 onwards

2013

WHO Statement on the third meeting of the IHR Emergency committee concerning Middle East respiratory syndrome coronavirus (MERS-CoV)

The third meeting of the Emergency committee convened by the Director-General under the International Health Regulations (2005) was held by teleconference on 25 September 2013.

During the informational session, Kingdom of Saudi Arabia and Qatar presented on recent developments in their countries. The WHO Secretariat provided an update on epidemiological developments, Hajj and Umrah and recent WHO activities related to MERS-CoV. The Committee reviewed and deliberated on the information provided.

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Aligned with HEPR framework

Collab. Surveill.	Comm. protection	Safe & scal. care	Medical counterm.	Coordi-nation

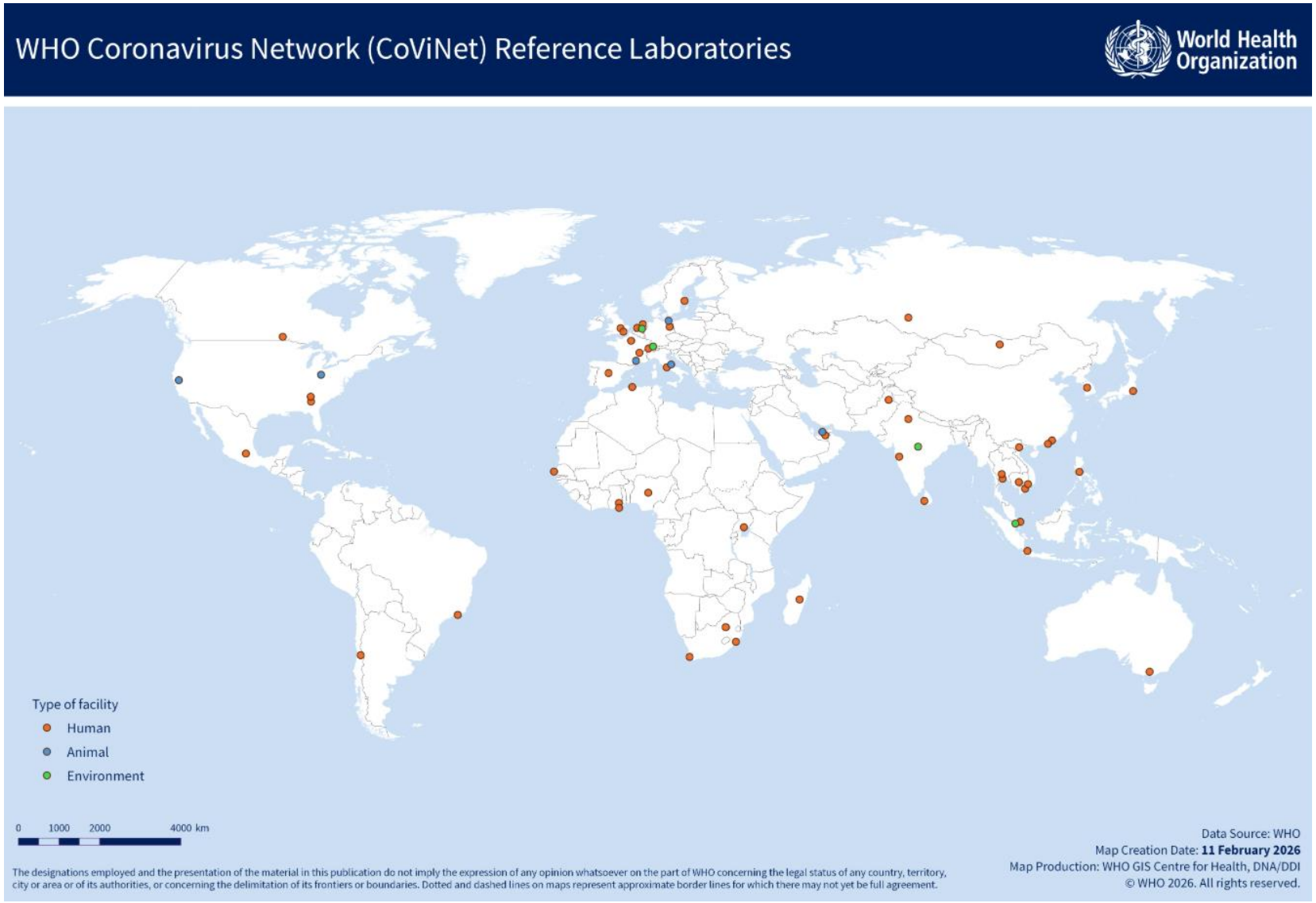
Strategic Objective 1: Sustain CoV disease threat management

Strategic Objective 2: Integrate into existing programmes

Strategic Objective 3: Enhance core capabilities (HEPR)

Strategic Objective 4: Generate, share, and apply evidence

WHO Coronavirus Laboratory Network (CoViNet)



CoViNet
WHO Coronavirus Network

58 labs in 35 countries

CoViNet Objectives:

- Early warning
- Monitoring
- Risk assessment
- Capacity building

In preparation: epidemiological arm

HEALTH EMERGENCIES programme

Global Influenza Strategy 2019-2030

Vision for 2030
Attainment of the highest possible influenza prevention, control and preparedness to safeguard the health of all people

OBJECTIVES

- Reseach & innovation
- Surveillance, monitoring & data utilzation
- Seasonal prevention & control policies & programmes
- Pandemic preparedness & response

OUTCOMES

Better global tools
- Improved, novel and universal vaccines
- More effective treatments
- Better understanding of virus & host response
- Better detection methods
- Optimized use of current tools

Stronger country capacities
- Integrated capacity building
- Seasonal influenza prevention programmes
- Early detection capacity
- Up-to-date preparedness plans

GOALS

Reduce burden of seasonal influenza

Minimal risk of zoonotic influenza

Mitigated impact of pandemic influenza

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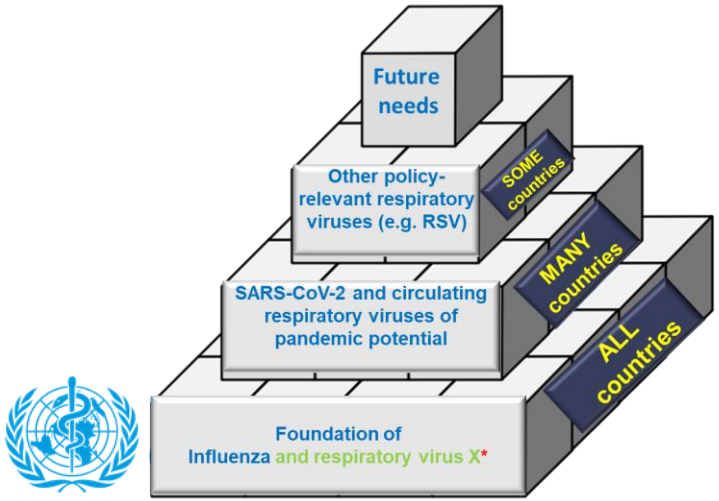
HEALTH EMERGENCIES programme

GISRS – built from influenza → demonstrated for RSV & SARS-CoV-2 → getting ready for future novel respiratory "Disease X"

Integrated surveillance



Collaborative surveillance

Member State commitment | WHO Coordination | Confidence, trust and collaboration

Representative | Standardized | Timely | Sustainable

Partner support

HEALTH EMERGENCIES programme

Asks to Member States

1. **Strengthen vigilance to emerging respiratory threats**
   - Enhance public health education, clinician awareness, and early signal detection through national surveillance systems
   - Advance IHR core capacities and ensure timely notification to WHO of unusual events
2. **Reinforce surveillance at the human-animal interface**
   - Expand laboratory capacity to detect avian and swine influenza viruses and MERS-CoV in humans
   - Build rapid response capabilities for outbreak investigations following zoonotic infections
   - Apply a One Health approach across field activities
3. **Strengthen integrated surveillance of influenza, SARS-CoV-2 and RSV through GISRS**
   - Join the GISRS network where a WHO-recognized National Influenza Centre is not yet established, and meet GISRS Terms of Reference
   - Maintain sentinel-based integrated surveillance, complemented by event-based and other national systems to track respiratory virus circulation
   - Develop surveillance-based cost-effective and sustainable studies, including vaccine effectiveness and disease burden estimations

Asks to Member States

4. Enhance prevention and control of seasonal epidemics

- Promote influenza vaccination for high-risk groups, aiming for the WHA 56.19 target of 75% coverage among older adults and people with chronic conditions
- Consider and implement recent WHO SAGE recommendations on COVID-19 vaccination, given the continued burden among high-risk groups
- Review and generate evidence to guide national policies on RSV vaccines and other preventive products

5. Strengthen pandemic preparedness

- Build systematic national readiness for future pandemics, leveraging current avian influenza A(H5) zoonotic outbreak response efforts
- Enhance preparedness through implementation and exercises of WHO guidelines and participation in WHO initiatives

Acknowledging Member States

- **Record achievements**
  - Recognize the **15th anniversary of the PIP Framework in 2026**, made possible through the sustained commitment and collaboration of Member States, and other stakeholders
  - Acknowledge **75 years of GISRS in 2027**, celebrating decades of partnership, data sharing, and collective action by Member States that have strengthened global respiratory virus surveillance

Thank you!

World Health Organization | EPIDEMIC &PANDEMIC PREPAREDNESS &PREVENTION