



Preliminary version of the
Facilitated Assessment: Influenza and COVID-19 Prevention and Control
Programmes Review (FAIR tool)

June 2026

For public comment



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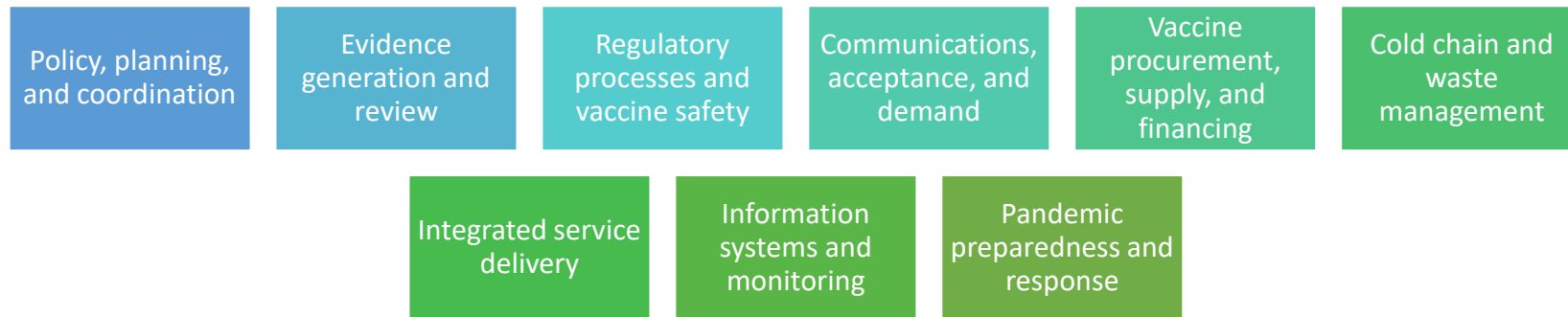
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Executive summary

The Facilitated Assessment of Influenza and COVID-19 Prevention and Control Programmes Review (FAIR) tool enables countries to rapidly review the strengths of their national programmes and identify areas for improvement. The tool incorporates learning from past epidemics and pandemics to support preparedness. The tool can be used to assess the influenza and/or COVID-19 programmes in line with national priorities and contexts. The FAIR tools include a holistic approach to prevention and control by incorporating vaccines, antivirals, and public health and social measures (PHSM).

The FAIR tool covers nine thematic areas:



The FAIR process can be implemented in different ways:

- Typically, WHO or a partner organization facilitates 1-2 days of interviews with national focal points for the nine thematic areas and at least one site visit to a health facility where influenza/COVID-19 vaccines are administered and antivirals are provided. A half-day workshop with the national focal points and partners is conducted on the third day. During this workshop, the Ministry of Health presents a brief overview of their national programme(s), WHO and partners provide an overview of influenza/COVID-19 technical content, the meeting participants discuss the summary of the FAIR findings, and the participants collectively determine the country's maturity level for each thematic area. The workshop concludes with a collation of the next steps to advance the national programme(s).
- Alternatively, the FAIR can be conducted through a multi-day workshop with the relevant national stakeholders.

Following the FAIR, the WHO regional office focal point develops a summary report to document the process, recommendations, and next steps. This summary report is reviewed by the other FAIR facilitators and the national focal point for the influenza/COVID-19 prevention and control programme(s). Resources that support the FAIR process (e.g. a template agenda for the FAIR process, the maturity matrix, and a checklist for the key components of a national policy) have been included in annexes 1-3.

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*Review was conducted before 21 January 2025

Abbreviations

AEFI	adverse event following immunization
BeSD	behavioural and social drivers
EPI	Essential Programme on Immunization
FAIR	Facilitated Assessment: Influenza and COVID-19 Prevention and Control Programmes Review
Gulf CDC	Gulf Center for Disease Prevention and Control
JRF	Joint Reporting Form
KAP	knowledge, attitudes and practices
NDVP	national deployment and vaccination plan
NGO	nongovernmental organization
NITAG	national immunization technical advisory group
PAHO	Pan American Health Organization
PRET	Preparedness and Resilience for Emerging Threats
RCCE	risk communication and community engagement
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Introduction

WHO encourages countries to conduct respiratory pathogen prevention (through vaccination) and control (through the timely use of antivirals) to address annual epidemics and prepare for future pandemics.

Given the similarities in target groups, available medical countermeasures, and management of influenza and COVID-19 prevention and control programmes in many countries as well as the co-administration of the vaccines in many countries, the FAIR tool provides an efficient and cost-effective approach for assessing both programmes.

The FAIR tool can be used to assess seasonal influenza and/or COVID-19 prevention and control programmes. Countries are encouraged to determine what antigen(s) they would like to assess in line with their national priorities and needs.

Background

Respiratory viruses are one of the leading causes of illness and death worldwide, placing a significant burden on public health systems. Seasonal influenza viruses and Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) cause high rates of morbidity and mortality. Seasonal influenza is estimated to cause one billion cases annually, including an estimated 3-5 million severe cases and up to 650 000 influenza-related respiratory deaths each year. SARS-CoV-2 continues to circulate widely, with ongoing impacts from acute infections and the growing burden of post-COVID-19 condition.^{1,2}

Vaccination reduces morbidity and mortality caused by annual epidemics and helps countries to prepare for future pandemics. Annual influenza vaccination is advised for older adults, pregnant women, individuals with underlying health conditions, and health and care

workers, contributing to both individual protection and health system resilience.³ For COVID-19, WHO recommends vaccination of individuals at high risk of severe disease.⁴ Antivirals are also available for influenza and COVID-19 prevention and control.^{5,6} Many countries are also using public health and social measures to respond to severe epidemics.⁷

The Global Influenza Strategy 2019–2030 includes a strategic objective focused on strengthening influenza prevention and control programmes globally.⁸ In addition, the Immunization Agenda 2030 advocates that all people benefit from recommended immunizations throughout the life course, including seasonal influenza and COVID-19 vaccines.⁹ The Pandemic Influenza Preparedness Framework Partnership Contribution High Level Implementation Plan III (2024-2030) includes an indicator on national influenza prevention and control programme review (the number of Member States that have undertaken a national analysis of their influenza vaccine procurement or production sustainability).¹⁰ WHO's Strategic plan for coronavirus disease threat management: Advancing integration, sustainability, and equity 2025-2030 focuses on integration of COVID-19 vaccination into routine immunization programmes and strengthening monitoring of medical countermeasures to track implementation progress, product safety, effectiveness, and learnings.¹¹

Development process

The FAIR tool was developed by WHO headquarters and the Regional Office for the Eastern Mediterranean from October 2023 – July 2024. The areas of focus and the questions were informed by other resources including the findings from previous national sustainability assessments for influenza vaccine production,¹² the influenza Post Introduction Evaluation,¹³ the Expanded Programme on Immunization (EPI) review tool,¹⁴ and the COVID-19 mini-Post Introduction Evaluation.¹⁵ The draft tool was updated following review by the three

levels of WHO (headquarters, regional offices, and country offices) and external experts. The FAIR tool was updated in June 2026 to reflect the learnings from the seven countries that conducted field testing between January 2024 and April 2026.

Purpose of this tool

The Facilitated Assessment: Influenza and COVID-19 Prevention and Control Programmes Review (FAIR) tool helps countries to complete the PIP HLIP III indicator by identifying enablers, barriers, and opportunities to strengthen their national respiratory virus prevention and control programmes. Recognizing that a strong vaccination programme requires a coordinated approach across disease programmes and sectors, the FAIR tool promotes collaboration and coordination throughout the review process. Countries can include the FAIR tool with other programme reviews (e.g. Respiratory Syncytial Virus post-introduction evaluation) or conduct the FAIR separately, depending on the national context and resources.

Participants

The FAIR should include relevant stakeholders, which may involve representation from ministries of health and finance. Key national stakeholders for each of the following areas e.g., EPI managers, policymakers, national immunization technical advisory group (NITAG) members, as well as focal points for regulatory, logistics, financing, etc should be included in the interviews and workshop. Other stakeholders can be included, including patient advocacy groups (e.g., chronic conditions, older adults, pregnant women), professional associations for health workers, academia, and partners.

The FAIR tool is typically conducted through a workshop or interviews with relevant national (and sub-national stakeholders where

appropriate), representatives from WHO/PAHO country, regional and headquarters, and partners. A template agenda is available in Annex I.

Areas of focus

The FAIR tool incorporates learning from past epidemics and pandemics to support influenza and COVID-19 medical countermeasure use and pandemic preparedness. The FAIR tool aligns with the Seasonal influenza vaccination: developing and strengthening national programmes and the WHO policy brief: COVID-19 vaccination.^{16 17}

The FAIR programmatic areas are:

- A. Policy, planning, and coordination
- B. Evidence generation and review
- C. Regulatory processes and vaccine safety
- D. Communications, acceptance, and demand
- E. Vaccine procurement, supply, and financing
- F. Cold chain and waste management
- G. Integrated service delivery
- H. Information systems and monitoring
- I. Pandemic preparedness and response

During the FAIR process, countries are encouraged to use the maturity matrix to understand the country's current status and potential actions that can be taken to address identified gaps (Annex II). It is recommended to discuss the findings of the FAIR to ensure participants have an understanding of the entire programme before reviewing the maturity matrix. The matrix review should be a consensus process to determine the current national level for each area. This discussion informs the identification of key actions that can be taken to enhance the national programme.

Recommended process

Step 1: As the FAIR is typically conducted over 2.5-3 days, advance preparation is needed to ensure efficiency during the review process and to develop robust recommendations for programme strengthening. The first step is to identify relevant technical focal points for each of the focus areas and collect relevant documents (e.g. national policy, decree, guidelines), current and historic data, relevant national and regional strategies, the immunization strategy (if available), the national pandemic plan, and any other relevant analyses or information products that have been developed.

It is recommended to identify and inform relevant stakeholders about the review process at least 4 weeks before the workshop to ensure their availability to participate in this process. All relevant stakeholders should be included during the discussions and analysis of each programmatic element, if possible. The influenza/ COVID-19 policy briefs, the FAIR tool, the agenda, and the national documents collected should be shared with all participants before the workshop. If a national seasonal influenza vaccination policy already exists, the checklist (annex III) will be prefilled and shared with the national focal point for review at least 2 weeks before the workshop.

Step 2: The FAIR tool is structured to be a discussion-based resource with relevant focal points from the respective areas providing information and engaging in dialogue about the current status, enablers, barriers, and opportunities for improvement. The FAIR can be conducted in different ways, depending on the national context. Typically, the facilitators (WHO or partner organization) conduct individual or small group interviews with focal points from the relevant areas over the course of 1-2 days followed by a half-day summary workshop with all interviewees to discuss the key findings, conduct the maturity matrix, and identify next steps for improvement. Alternatively, a 3-day workshop can be conducted, bringing together all national focal points from the relevant areas (2 days of discussions and 1 day for the summary workshop). At least one site visit should be conducted to a health facility conducting influenza/COVID-19 vaccination and to the central vaccine storage facility.

Step 3: The FAIR facilitators develop a summary report to document the process, stakeholders engaged, national priorities identified, and recommendations for improving the national seasonal influenza/ COVID-19 prevention and control programme(s).

Identifying the relevant stakeholders and documents

The first step in the FAIR process is to identify relevant government and nongovernment stakeholders who should participate in this review. The national focal point(s) for influenza/COVID-19 prevention and control determine the list of participants, considering:

1. What are the relevant entities (ministries, government, agencies, nongovernmental organizations, private sector, etc.) that should be included in the process? Who are the people responsible for each area?
2. What are the relevant documents or websites for each area? If possible, please include the link to the document/website.

Please provide a complete list of stakeholders for the different programmatic areas.

FAIR tool programmatic areas	Relevant organizations/offices and focal point name(s)	Relevant document titles and links (if available)
A. Policy, planning, and coordination		
B. Evidence generation and review		
C. Regulatory processes and vaccine safety		
D. Communications, acceptance and demand		
E. Vaccine procurement, supply, and financing		
F. Cold chain and waste management		
G. Integrated service delivery		
H. Information systems and monitoring		
I. Pandemic preparedness and response		

Completing the FAIR tool

During the interviews or the multi-day workshop, the relevant national focal points should complete the following questions with WHO and partners' support. *Please modify the questions as needed to reflect whether the FAIR analysis covers both influenza and COVID-19 prevention and control programmes, only the influenza programme, or only the COVID-19 programme.*

Site visits:

- 1) It is recommended to conduct at least one site visit to a health facility where influenza/COVID-19 vaccination occurs and antivirals are prescribed. During the site visit to the health facility, the health facility manager, immunization lead, vaccinator(s), and physician should be interviewed.

Examples of questions during the health facility site visit

Questions for the health facility manager and immunization lead:

- What priority groups receive influenza/COVID-19 vaccinations? Are there ways for people who are not part of the priority groups to receive the vaccine(s)?
- Are influenza/COVID-19 vaccinations provided to all recipients for free? If not, who pays for the vaccine?
- How is the vaccination campaign communicated to relevant priority groups and the general population?
- When do the influenza/COVID-19 vaccination campaigns typically begin?
- In the past year, were there sufficient influenza/COVID-19 (if relevant) vaccine doses to meet the demand?
- In addition to vaccines, are antivirals or other medications used to prevent and control influenza/COVID-19 infections?

Questions for the vaccinator(s) and physician:

- Have you received training on influenza/COVID-19 vaccination? How frequently is this training conducted?
- Do you provide influenza/COVID-19 vaccination during prenatal/other health visits or is the vaccination conducted as a standalone service?
- What are the criteria for prescribing influenza/COVID-19 antivirals? Which antivirals are typically provided? Are other medications also prescribed for these infections?
- What opinions do your patients express on influenza and COVID-19 vaccination and antivirals? What do you say to them? OR Is there mis/disinformation circulating on vaccines and antivirals? How do you address this?

- 2) In addition to the site visit to the health facility, it is recommended to visit the central vaccine storage facility. During this visit, the vaccine supply/logistics/storage focal point(s) should be interviewed. Please refer to the questions in Section (F).

Programmatic element	If the influenza programme is being assessed, note the relevant information and resources	If the COVID-19 programme is being assessed, note the relevant information and resources
A. Policy, planning, and coordination		
1. What national policy/strategy documents are available for influenza/COVID-19? Please indicate when the policies/strategies were last updated.		
2. Are influenza/COVID-19 prevention and control on the political agenda? What is the current view? What is the rationale and motivation for using vaccines, antivirals, and PHSM?		
3. Which departments are responsible for influenza/COVID-19 prevention and control?		
4. Are influenza/COVID-19 vaccines included in the national immunization schedule? How are the national policy/recommendations disseminated?		
5. Are there guidelines on the appropriate use of influenza/COVID-19 antivirals? How are the guidelines disseminated?		
6. Is there a dedicated pillar for PHSM within the influenza/COVID-19 decision-making and advisory body at the national level? Please describe the multisectoral coordination mechanisms and operational capacities in place to support PHSM decision-making and implementation.		
7. Are there predefined PHSM policy drafts that include proposed combinations of PHSM for influenza/COVID-19 (taking into account effectiveness, feasibility, proportionality, equity and unintended negative health		

and socioeconomic consequences of PHSM implementation)?

B. Evidence generation and review

1. Does the country conduct and report influenza/SARS-CoV-2 surveillance data to WHO? How is this data used to inform the programme(s)?

2. Were studies to estimate the burden of disease conducted in the country? If yes, when were the estimates developed? If not, what data were used to make influenza/COVID-19 recommendations?

3. Please list other studies and research activities that have been conducted in the country related to influenza/COVID-19. Are there additional studies that are of interest to conduct in the future?

4. What is the process for reviewing evidence (e.g. disease burden, burden averted by vaccination, cost-effectiveness, acceptance and demand) and developing/updating national recommendations?

5. Could lessons be learned from other vaccination programmes (e.g. HPV, Hepatitis B, etc)?

C. Regulatory processes and vaccine safety

1. Has the country encountered barriers or delays in obtaining the required regulatory approvals or import permits for influenza/COVID-19 vaccine(s)? This includes licensing new vaccine formulations and administration methods.

2. How does the NRA register and certify influenza/COVID-19 vaccines (e.g. does this happen once or does it re-occur each year)? What document

regulates the procedures for registering vaccines?
How long does the process of registering seasonal influenza/COVID-19 vaccines take?

3. What influenza/COVID-19 vaccines are registered in the country? Are single-dose and multi-dose vials used? For influenza, are trivalent or quadrivalent vaccine products used?

4. Were there influenza/COVID-19 vaccine adverse events following immunization (AEFIs) reported in the last year? IF YES, what proportion of serious AEFI cases were reviewed by the national vaccine safety committee?

5. What influenza/COVID-19 antivirals are registered in the country?

6. How do safety concerns impact vaccine uptake (e.g., are there public concerns about adverse events to your knowledge)?

D. Communications, acceptance and demand

1. Is there a defined (risk) communication strategy to support uptake of influenza/COVID-19 vaccines? Please indicate the communications channels used (e.g., leaflets, professional organizations, social/religious leaders, media training, posters, mass media, social media, websites).

2. Who is responsible for communication on influenza/COVID-19 vaccination at the national and sub-national levels?

3. What types of communication channels does the public use to access influenza/COVID-19 information?

4. What training do health workers receive on influenza/COVID-19 vaccine(s) and antivirals? How frequently does this training happen? Does the training include how to communicate to the public?

5. What opinions are expressed in the media and on social media? Are there recurring negative press issues or mis/disinformation related to influenza/COVID-19 vaccination, antivirals, and PHSM?

6. What roles do community leaders, workplaces, or social networks play in shaping vaccine perceptions?

7. Has a study of vaccine acceptance and demand – e.g., knowledge, attitudes and practices (KAP) or behavioural and social drivers (BeSD) – been conducted for different target groups in the country? If a study of vaccine acceptance and demand has been conducted, how have the findings been used to improve the programme?

E. Vaccine procurement, supply, and financing

1. Which entity does influenza/COVID-19 vaccine forecasting? When do they do this forecasting?

2. How are vaccines procured and supplied? When are the influenza/COVID-19 vaccination doses typically received?

3. Does the government ensure the availability of funds for the procurement of influenza/COVID-19 vaccines with public funding? Please list the funding sources.

4. What are the long-term financing strategies for sustaining influenza/COVID-19 vaccination programmes?

5. In case of donation of vaccine, is there a plan/commitment for national funding after donor support ends?
6. How many doses of influenza/COVID-19 vaccines were procured this year? Has this number changed over the last five years?
7. How many doses of influenza/COVID-19 antivirals were procured last year? Is there a national (physical or virtual) stockpile of antivirals?
8. Does the government participate in pooled procurement through international/regional instruments (including the UNICEF Supply Division, PAHO Revolving Fund, Gulf CDC, or other relevant mechanisms)? If so, please briefly explain.

F. Cold chain and waste management

1. How are the influenza/COVID-19 vaccines distributed throughout the country? Is there a redistribution process?
2. If the programme were to scale the number of doses provided, would additional cold chain capacity be needed to be able to store the vaccines under correct storage conditions?
3. Are there any logistical challenges in delivering vaccines to remote or underserved areas?
4. During the most recent vaccination season, were there any shortages of injection supplies or waste management equipment for influenza/COVID-19 vaccination?
5. How is the collected waste disposed of?

G. Integrated service delivery

1. Where are influenza/COVID-19 vaccinations conducted (e.g., hospitals, pharmacies, health facilities, workplaces, schools, etc.)? Please briefly explain for each target group.
2. What delivery strategies are used to deliver the influenza/COVID-19 vaccines (e.g., fixed site, outreach, campaign style, mobile vaccination clinics, etc.)? Are there differences by target group?
3. What other vaccines are given to health workers, pregnant women, older adults, and people with chronic conditions? Are the vaccines co-administered or delivered with other health services?
4. Are influenza/COVID-19 vaccinations conducted by both the public and private sectors?

H. Information systems and monitoring

1. Does your country have denominator estimates for all influenza/COVID-19 vaccination target groups? Please indicate the sources of these data.
2. How is influenza/COVID-19 vaccination coverage monitored? What is the system used to record and report the vaccination data? Is the system integrated with the monitoring of other vaccines? Does your country have standard reporting forms? How frequently is vaccine uptake data reported to the central level?
3. Were influenza/COVID-19 vaccination coverage data available for all the target groups in the last season? If not, please describe the challenges for monitoring

uptake. Please provide available coverage rates for each group. How is the vaccine uptake data from the private sector captured? In your opinion, what is the quality of vaccination coverage data?

4. How is vaccination coverage data used for programme improvement?

5. What entity is responsible for reporting influenza/ COVID-19 vaccination data to the WHO UNICEF Joint Reporting Form on Immunization? Have there been challenges with this reporting process?

6. How is the use of influenza/COVID-19 antivirals monitored?

7. Are systems in place to monitor and evaluate the effectiveness, adherence and unintended consequences of PHSM implementation? If so, please describe what indicators and data sources are used.

1. Pandemic preparedness and response

1. How is the country leveraging systems, protocols, and/or training from seasonal influenza for pandemic preparedness?

2. What impacts have past pandemics had on the uptake of vaccines and antivirals?

3. Has the country secured access to vaccines and antivirals for pandemic use or are advanced purchase agreements for pandemic products being explored?

4. What learnings from COVID-19 and other outbreaks have been leveraged to strengthen influenza prevention and control (vaccines, antivirals, PHSM)?

-
5. When was the national pandemic plan last updated?
Will the national pandemic plan or a national deployment and vaccination plan include the target groups and delivery strategy for pandemic vaccination?
-
6. When was the Effective Vaccine Management assessment last conducted?
-
7. How are PHSM addressed within national preparedness and response plans? Please describe how PHSM are strategically integrated alongside medical countermeasures within the overall response approach.
-
8. Have triggers and thresholds for escalating, de-escalating and phasing out PHSM been defined during preparedness?
-

Annex I. Template agenda for FAIR Workshop

This template agenda is provided to support the organizers. It can be adjusted to reflect the national context, time constraints, and other considerations. The FAIR tool can also be conducted as interviews of the relevant focal points for each of the areas of work. In this case, the participants would come together for a summary workshop after the interviews are concluded and summarized to discuss next steps and recommendations.

Day 1	Activity	Participants
09:00-09:30	Introduce mission members, discuss mission objectives, and provide an overview of the FAIR tool	WHO (WR, CO, RO, and HQ) and Ministry of Health leadership
09:30-10:30	Overview of the national influenza/COVID-19 programmes	MOH (department responsible for the influenza/COVID-19 prevention and control programmes)
10:30-11:30	Interviews on policy, planning, and coordination; evidence generation and review; and integrated service delivery (Sections A, B, and G)	National influenza/COVID-19 vaccination focal point, NITAG (or similar group), and influenza/COVID-19 surveillance focal point
11:30-12:00	Interviews on regulatory processes and vaccine safety (Section C)	NRA, national influenza/COVID-19 vaccination focal points, and vaccine safety focal points
12:00-12:30	Communications, acceptance, and demand (Section D)	RCCE team and national influenza/COVID-19 vaccination focal points
12:30-13:30	Lunch	
13:30-14:30	Vaccine procurement, supply, and financing; supply chain and waste management (Sections E and F)	National influenza/COVID-19 vaccination focal points, supply/logistics team, and vaccine procurement/financing focal points
14:30-15:00	Information systems and monitoring (Section H)	Vaccine data team
15:00-15:30	Pandemic preparedness and response (Section I)	National influenza/COVID-19 vaccination focal points
15:30-16:00	Coffee break	
16:00-16:30	Visit to the central vaccine storage facility	National influenza/COVID-19 vaccination focal points and supply/logistics team

Day 2	Activity	Responsible
09:00-11:00	Site visit 1 (a health facility responsible for influenza/COVID-19 vaccination)	WHO CO and MOH organize the site visit
12:00-13:00	Lunch	
13:00-15:00	Site visit 2 (hospital or pharmacy where vaccination is conducted, if relevant)	WHO CO and MOH organize the site visit
15:00-17:00	Identify key themes and prepare for workshop	WHO
Day 3	Activity	Responsible
9:00-9:30	Welcome, introductions, and objectives of the workshop	MoH, WHO country office, and WHO mission experts
9:30-10:00	Overview of the national programme(s)	MoH
10:00-10:30	High-level overview of influenza/COVID-19 vaccines and vaccination	WHO mission experts
10:30-11:00	Coffee break	
11:00-12:00	Present findings and discuss the maturity matrix	WHO mission experts and all workshop participants
12:00-12:30	Next steps	WHO mission experts and all workshop participants
12:30	Closure of the workshop and lunch	MoH, WHO country office, and WHO mission experts

Annex II. Maturity matrix

Countries that are using the FAIR tool are recommended to assess the maturity of their national seasonal influenza/COVID-19 vaccination programmes. Following completion of the discussion questions, each area can be scored by selecting the appropriate level. This process can help the country to identify key areas of focus and potential priorities to strengthen the national prevention and control programme. The priorities and actions should be agreed to by the workshop participants and included in the summary report from the FAIR workshop. The maturity matrix can also be used outside the FAIR workshop process by interested countries. If the country is completing the FAIR for both the seasonal influenza and COVID-19 vaccination programmes, the maturity matrix should be conducted separately for each antigen.

Maturity Matrix	Level 1	Level 2	Level 3	Level 4
Policy	No national recommendation for use of influenza/COVID-19 vaccines	NITAG (or similar immunization advisory group) recommends influenza/COVID-19 vaccination	The country has a formal national influenza/COVID-19 vaccination policy	The national vaccination policy aligns with WHO Policy Brief (Checklist is available in Annex 2)
Evidence Generation	Country has not reviewed [influenza/COVID-19] vaccination evidence	Country is using <u>other</u> countries, regional, or global data (e.g. epidemiological, burden, vaccine effectiveness, acceptance and demand, economic, etc)	Country is generating national evidence (e.g., epidemiological, burden, vaccine effectiveness, acceptance and demand, economic, etc)	Country has published their evidence (burden, impact, effectiveness, acceptance and demand, economic, or other evidence generation study)
Communications, acceptance, and demand	No RCCE or demand activities	RCCE campaign conducted each year	RCCE campaigns include social listening to detect and respond to rumours (two-way flow of communication)	RCCE campaign materials and communication methods are updated annually to reflect learnings (including learnings from social listening)

Maturity Matrix	Level 1	Level 2	Level 3	Level 4
Vaccine supply	Influenza/COVID-19 vaccines are not routinely available in the country	Influenza/COVID-19 vaccines are available for private purchase and/or ad-hoc public procurement	Influenza/COVID-19 vaccines are available free of charge for some members of at least one national priority group	Influenza/COVID-19 vaccines are available free of charge to all members of the priority groups or the full national population
Procurement/ and Financing	Influenza/COVID-19 vaccines in the country are exclusively donated	The country procures influenza/COVID-19 vaccine doses using domestic resources ¹	The country has a dedicated budget line for influenza/COVID-19 vaccines and vaccination	The country has sufficient resources to conduct influenza/COVID-19 vaccination for all the recommended people
Data and monitoring	There are no available influenza/COVID-19 vaccination data at the national level	Influenza/COVID-19 vaccine coverage data are available for at least one priority group and reported to WHO	Influenza/COVID-19 vaccination coverage data are analyzed periodically for at least one priority group to improve the programme. Coverage data for all priority groups are reported to WHO	Influenza/COVID-19 vaccination coverage reaches 75% for at least one priority group. Coverage data for all priority groups are reported to WHO
Integrated service delivery	Influenza/COVID-19 vaccines are not available	Influenza/COVID-19 vaccination is a standalone service (not integrated with other health services)	Influenza/COVID-19 vaccines are co-administered with other health services (e.g. prenatal care, COVID-19 or other vaccinations, etc)	Influenza/COVID-19 vaccines are included in the national immunization strategy as part of an integrated approach to life course immunization
Pandemic preparedness and response	There is no pandemic plan available	The respiratory pathogen (influenza/COVID-19) pandemic plan was last updated in 2022 or before	An updated pandemic plan (2023 onwards) includes pandemic vaccines and aligns with <u>PRET Module 1</u> ; <u>NDVP</u>	The updated pandemic plan's vaccine section has been tested through a simulation exercise

¹ National procurement may also be supplemented by donations from other countries or partner organizations.

Annex III. Policy checklist

This checklist can help countries determine whether their national seasonal influenza vaccination policy and programme aligns with WHO guidance. The questions can also be used to assess the COVID-19 vaccination policy, where indicated with an asterisk. In preparation for the workshop, the workshop organizers (ministry of health and WHO country office) can review the national policy and complete the checklist. If completed, the checklist should be provided to all workshop participants to inform their priority setting. Where information is available in the WHO/UNICEF JRF, it can be prefilled.

1. Introduction and rationale*

What year was the vaccination policy introduced? _____ Last updated? _____

Does the policy clearly:

- State the importance of this vaccination within the country and the rationale for the programme? _____
- State national disease goals and priorities? _____
- Note linkages to relevant health mandates, national policies/strategies, and/or global initiatives _____

2. Surveillance, burden of disease and economic burden (*If national estimates are not available, estimates from other countries with similar demographic, socioeconomic, & health system characteristics can be used*)

Does the policy reflect information from the following areas:

- Seasonality of influenza activity
- National estimates of disease
- Economic burden of influenza
- Cost-effectiveness or cost-benefit data
- Target indicators for seasonal vaccination coverage

3. Target groups, NITAGs and national recommendations *

Please select the groups that the policy recommends receive this vaccination:

- Health care workers
- Pregnant people
- Older adults
- Adults with chronic conditions
- Children with chronic conditions
- Children (please define eligible age groups: _____)
- People living in long-term care facilities
- Travellers
- Universal recommendation (all people 6 months and older)
- Other recommended groups _____

Does the policy explain what entity (e.g. NITAG or other body) recommended vaccination to the ministry of health? " Yes " No

2. Preferred vaccine types and associated costs

" Which vaccine types (e.g. trivalent/quadrivalent, standard dose/high dose/adjuvanted) are recommended for use in the seasonal influenza vaccination programme and price per dose of the vaccine?

3. Vaccine supply and market authorization*

Are the vaccines produced domestically? " Yes " No

4. Describe the procurement process*

Vaccine procurement process? Please indicate: " bilateral tender " pooled procurement " donation " other

5. Distribution and administration*

Does the policy specify how the vaccination will be conducted, including:

- “ Whether the vaccination will be conducted using fixed and/or mobile vaccination sites?
- “ Whether the vaccines will be distributed through the public sector, private sector or both? Please indicate: “ Public “ Private “ Both
- “ The types of locations where vaccination can be conducted (pharmacies and health facilities)?

Which vaccines/health services can be co-administered with the vaccination? Please indicate: _____

6. RCCE and demand generation*

Does the policy identify:

- “ What types of RCCE activities will be conducted?
- “ How acceptance and demand for the vaccine will be assessed?
- “ How information about the campaign (where/when to get vaccinated) will be communicated to priority groups?

7. Documentation and reporting*

Does the policy outline the process for:

- “ Documenting vaccine and supplies (receipt and distribution of vaccine doses)?
- “ Documenting vaccines administered and reporting of coverage data?
- “ Detecting, investigating, reporting, and conducting assessments of AEFIs?

8. Monitoring, evaluation and research*

Does the policy define:

- “ What types of evaluations may be needed?
- “ Plans to translate findings to various stakeholder groups, in alignment with national priorities and availability of resources?

9. Funding*

- “ Does the policy include funding source(s) for the programme?
- “ Does the policy state whether the vaccines are provided free of charge to the target groups?

¹ World Health Organization. COVID-19 Global Risk Assessment. Geneva: World Health Organization; 2025 Feb 6 [cited 2025 Oct 24]. Available from: <https://www.who.int/publications/m/item/covid-19-global-risk-assessment>

² Chen, C., Hauptert, S. R., Zimmermann, L., et al. (2022). Global Prevalence of Post COVID-19 Condition or Long COVID: A Meta-analysis and Systematic Review. JAMA Network Open, 5(10), e2234454. <https://doi.org/10.1001/jamanetworkopen.2022.34454>

³ World Health Organization. Vaccines against influenza: WHO position paper – May 2022. Weekly Epidemiol Rec. 2022;97(19):185-208. [Vaccines against influenza: WHO position paper – May 2022](#)

⁴ World Health Organization. WHO SAGE roadmap on uses of COVID-19 vaccines in the context ofOMICRON and substantial population immunity: an approach to optimize the global impact of COVID-19 vaccines at a time when Omicron and its sub-lineages are the dominant circulating variants of concern, based on public health goals, evolving epidemiology, and increasing population-level immunity, first issued 20 October 2020, updated: 13 November 2020, updated: 16 July 2021, update: 21 January 2022, latest update: 30 March 2023. World Health Organization; 2023. [WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines: An approach to optimize the global impact of COVID-19 vaccines, based on public health goals, global and national equity, and vaccine access and coverage scenarios](#)

⁵ World Health Organization. Clinical practice guidelines for influenza. World Health Organization; 2024 Sep 12. [Clinical practice guidelines for influenza](#)

⁶ World Health Organization. Clinical management of COVID-19: living guideline, June 2025. In Clinical management of COVID-19: living guideline, June 2025 2025. [Clinical management of COVID-19: living guideline, June 2025](#)

⁷ World Health Organization. A decision framework for effective, equitable and context-specific public health and social measures during public health emergencies: decision navigator. A decision framework for effective, equitable and context-specific public health and social measures during public health emergencies: decision navigator 2025. [A decision framework for effective, equitable and context-specific public health and social measures during public health emergencies](#)

⁸ World Health Organization. Global influenza strategy 2019-2030. [Global Influenza Strategy 2019–2030](#)

⁹ O'Brien KL, Lemango E, Nandy R, Lindstrand A. The immunization Agenda 2030: A vision of global impact, reaching all, grounded in the realities of a changing world. Vaccine. 2024 Apr 8;42:S1-4.

¹⁰ World Health Organization. Pandemic influenza preparedness framework: partnership contribution high-level implementation plan III 2024-2030. World Health Organization; 2023 Apr 18. [Pandemic influenza preparedness framework: partnership contribution high-level implementation plan III 2024-2030](#)

¹¹ World Health Organization. Strategic plan for coronavirus disease threat management: advancing integration, sustainability, and equity, 2025–2030. World Health Organization; 2025 Dec 2. [Strategic plan for coronavirus disease threat management: advancing integration, sustainability, and equity, 2025–2030](#)

¹² Chadwick C, Nannei C, Sparrow E, Ampofo W, Flahault A, Berkley S. Sustaining Local Production of Influenza Vaccines: A Global Study of Enabling Factors Among Vaccine Manufacturers. Vaccines. 2025 Nov 14;13(11):1160.

¹³ Mantel C, Chu SY, Hyde TB, Lambach P, Group IP. Seasonal influenza vaccination in middle-income countries: Assessment of immunization practices in Belarus, Morocco, and Thailand. Vaccine. 2020 Jan 10;38(2):212-9.

¹⁴ World Health Organization. A guide for conducting an Expanded Programme on Immunization (EPI) review. World Health Organization; 2018. [A guide for conducting an Expanded Programme on Immunization \(EPI\) Review](#)

¹⁵ World Health Organization. COVID-19 vaccine post-introduction evaluation (cPIE) guide, revised 10 October 2023. In COVID-19 vaccine post-introduction evaluation (cPIE) guide, revised 10 October 2023. [COVID-19 vaccine post-introduction evaluation \(cPIE\) guide, revised 10 October 2023](#)

¹⁶ World Health Organization. Seasonal influenza vaccination policy brief: developing and strengthening national programmes. World Health Organization; 2023 Nov 24. <https://iris.who.int/items/de79c540-49dc-4140-81ab-1534292629ad>

¹⁷ World Health Organization. WHO policy brief: COVID-19 vaccination. 2024 Dec 10. <https://www.who.int/publications/m/item/who-policy-brief-covid-19-vaccination>