Pandemic Influenza Preparedness Framework

Six-month progress report

1 January– 30 June 2024

2024	6	12	18	24	2025

PIP FRAMEWORK

World Health Organization

Pandemic Influenza Preparedness Framework

Six-month progress report

1 January– 30 June 2024

World Health Organization

Suggested citation. Pandemic Influenza Preparedness Framework: Six-month progress report, 1 January– 30 June 2024. Geneva: World Health Organization; 2024 (WHO/EPP/PIP/2024.7). Licence: CC BY-NC-SA 3.0 IGO

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Design by Lushomo

Nurse Kai provides a third dose of COVID-19 vaccine to Anna in Makontakay, Sierra Leone, during a mobile vaccine campaign on 8 December 2022. © WHO / Michael Duff

Contents

Abbreviations

APHSAF	Asia Pacific Health Security Action Framework
BOD	Burden of Disease
CVV	Candidate Vaccine Virus
EPI-WIN	WHO Information network for epidemics
ECBS	Expert Committee on Biological Standardization
EQAP	External Quality Assessment Programme
GISRS	Global Influenza Surveillance and Response System
HLIP	high-level implementation plan
ICFS	Interim Certified Financial Statement
IM	infodemic management
ISST	Infectious Substances Shipping Training
IVTM	Influenza Virus Traceability Mechanism
JEE	joint external evaluation
MCM	medical countermeasures
NAPHS	national action plan for health security
NGS	next-generation sequencing
NIC	National Influenza Centre
NDVP	national deployment and vaccination plan
PC	partnership contribution
PIC	Pacific Island Countries
PIP	Pandemic Influenza Preparedness
PISA	Pandemic Influenza Severity Assessment
PRET	Preparedness and resilience for emerging threats
PSC	Programme Support Costs
RCCE	risk communication and community engagement
SARInet	Severe Acute Respiratory Infections network
SMTA2	Standard Material Transfer Agreement 2
STHE	Science Translation for Health Emergencies
UNICEF	United Nations International Children's Emergency Fund
VCM	Vaccine Composition Meeting
WHO	World Health Organization

Introduction

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The key goals include: to improve and strengthen the sharing of influenza viruses with human pandemic potential through the WHO Global Influenza Surveillance and Response System (GISRS), and to increase the access of developing Member States to vaccines and other pandemic response supplies.

The Framework includes a benefit-sharing mechanism called the Partnership Contribution (PC). The PC is collected as an annual cash contribution from influenza vaccine, diagnostic, and pharmaceutical manufacturers that use GISRS. Funds are allocated for: **(a)** pandemic preparedness capacity building; **(b)** response activities during the time of an influenza pandemic; and **(c)** PIP Secretariat for the management and implementation of the Framework.

For pandemic preparedness capacity building, activities are implemented according to four outputs under one outcome in the *High-Level Implementation Plan (HLIP) III 2024-2030 (1)* .

The technical and financial investments of Member States and other partners, including GISRS, play a critical role in advancing pandemic preparedness alongside PC investments. Collectively, resources are used to strengthen pandemic preparedness systems, knowledge and capacities. We thank Member States and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives. The PIP PC funding model is described in *HLIP III*, Section 3.

A progress report is published four times a biennium to illustrate progress in PIP Framework implementation, and covers technical and financial implementation for HLIP III, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. The term “technical assistance” used in milestones refers to trainings, workshops or missions. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2024, unless specified otherwise. Member States supported by HLIP III for 2024 to 2025 can be found in the Annex.

For financial implementation, progress is reported against biennial workplan allocations. Figures presented exclude WHO Programme Support Costs (PSC) unless otherwise stated. For the mid-year reports, income, expenditures and encumbrances are presented, and are based on WHO’s financial tracking system (GSM). For annual and biennial reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement (ICFS). All financial values presented in $ refer to US dollars.

Many staff across WHO Divisions and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work.

For previous reports, see PIP PC website *(2)*.

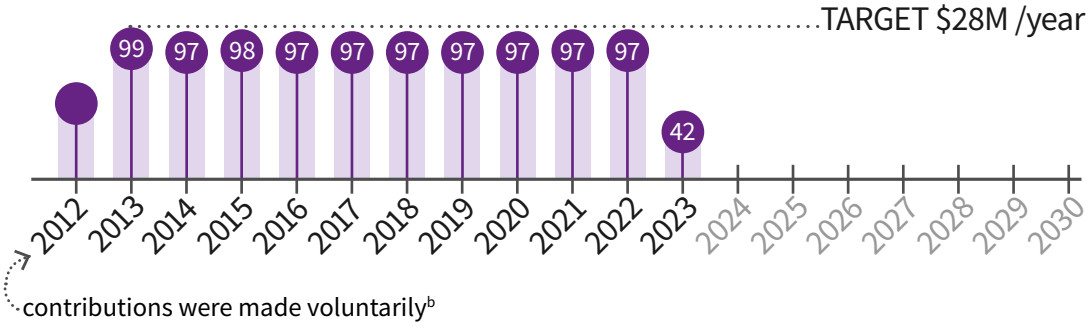
A woman and her daughter wear face masks in a middle class household of north Delhi. India, 2010. © WHO / Tom Pietrasik

PIP Framework implementation overview

How much has been collected under the PIP Partnership Contribution (PC)?

$303M[a]

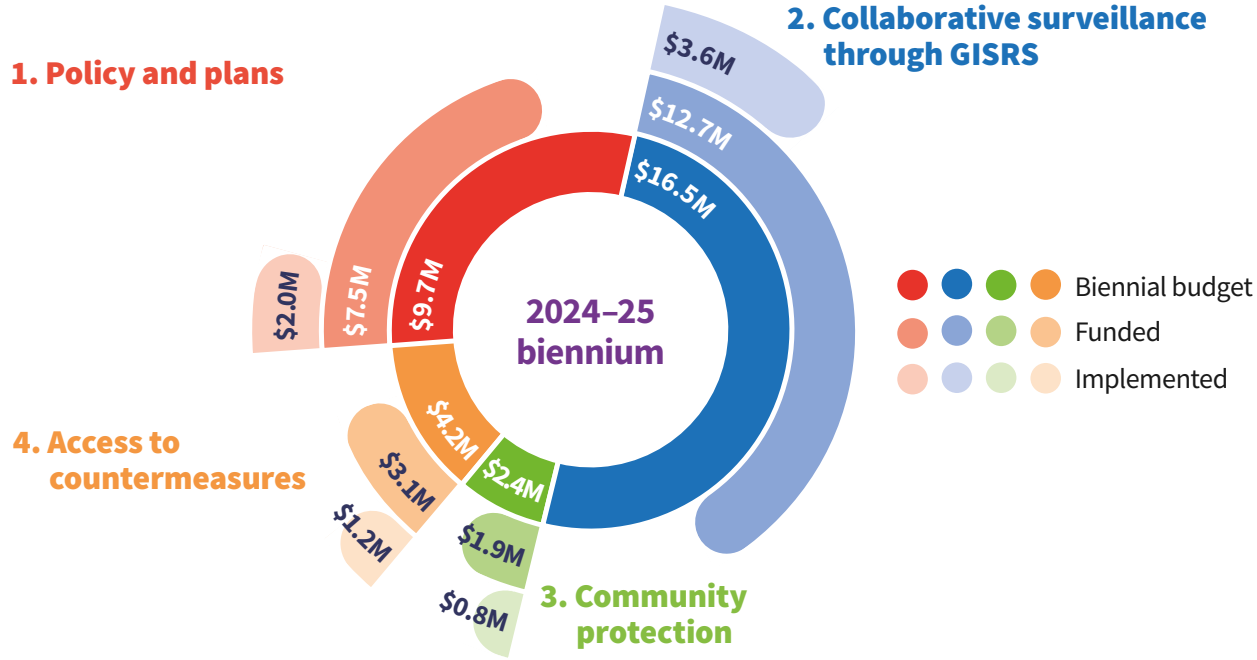
Percentage (%) of total Partner Contributions received



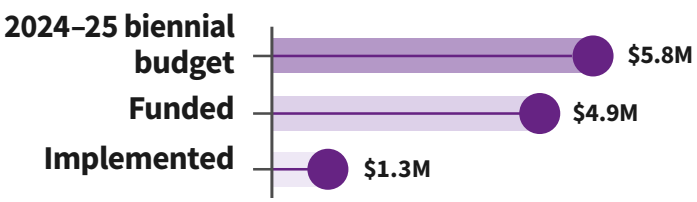
How are funds being implemented in 2024–25?

Preparedness

Total Budget **$32.8M**	Total Funded **$25.2M**	Total Implemented **$7.7M**



PIP Secretariat



Response

Total in reserve: $90M

(with PSC & interest accrued for 2018–23)

a PC collection for all previous unpaid contributions and 2024 invoices is in process. Figure includes PSC and does not include interest earned on Response Funds of $8 million in 2018-2023.

b For further details on PC collection process, please refer to Pandemic Influenza Preparedness Framework: Distribution of Partnership Contribution among companies *(3)*.

How is the PIP Framework ensuring equitable access to future pandemic products?

1 Sharing of biological materials[c]

PIP biological materials shared in Influenza Virus Traceability Mechanism

From 1 Jan 2024 – 30 Jun 2024
34
Virus subtypes recorded
H1N1v, H1N2v, H3N8, H5N1, H5N6, H9N2, H10N3, H10N5

Total since 1 December 2012
1550

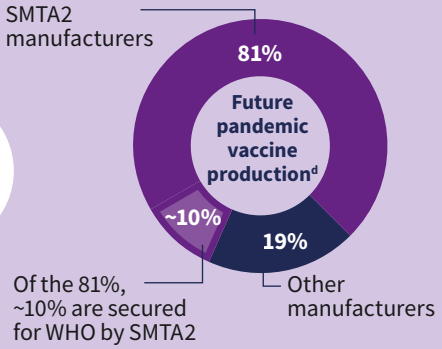
2 Standard Material Transfer Agreements (SMTA2) and other contracts

15 SMTA2 with vaccine manufacturers

15 manufacturers

- **23 production sites** in 4 WHO Regions
- **12 out of 15** have pre-licensed pandemic influenza vaccine/s
- **13 out of 15** produce seasonal influenza vaccines

700M doses[d]



2 SMTA2 with manufacturers of diagnostics and other influenza pandemic products

25M Syringes
250 000 Diagnostic kits

75 SMTA2 with academic and research institutions

29 Benefit-sharing offers

1 Other contract

Up to 5M antivirals

How is the PIP Framework governed?

The PIP Framework has robust governance and overview, with implementation overseen by the World Health Assembly with advice from the Director-General, and oversight provided through a mechanism that includes the independent, 18-member PIP Advisory Group (PIP AG) (see PIP Framework section 7).

The PIP AG met from 5–8 March 2024 in Geneva and received updates on PIP Framework implementation. The AG finalized the revision of the Guiding Principles for use of PC funds for pandemic influenza response *(4)*, following broad consultation. The Director-General approved these and they are available online. Further updates on the work of the Secretariat are found in Section three of this report.

c For definition of 'PIP Biological Materials', see PIP Framework Section 4.1

d Estimate based on the use of existing technologies – figures may vary depending on the use of newer technologies

A laboratory technician at work in the National Reference Laboratory in Dushanbe. Tajikistan, 2023. © WHO / Lindsay Mackenzie

Technical and financial implementation progress

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

Biennial budget: $9.7M

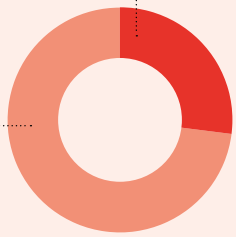
Implemented $2M

Deliverable A

Health and economic influenza burden of disease informs the development of policy

27%
Implemented on biennial budget

73%
Unimplemented on biennial budget



$577K
Implemented

Milestones

5 Regional and national workshop conducted to estimate influenza disease or economic burden
37 Member States
3 Regions

Influenza disease and economic burden tools in development
1 Designed
0 Developed
0 Piloted
0 Finalized

Highlights

In collaboration with PAHO and the United States Centers for Disease Control and Prevention, **WHO piloted Phase I of a tool to estimate the burden of influenza averted through influenza vaccination in El Salvador, Panama and Peru in 2023**. The results of this pilot, published in the peer-reviewed journal *Vaccine (5)*, demonstrated how influenza vaccination programmes in these countries prevented hundreds of thousands of influenza-associated hospitalizations. Results from this pilot are being used to inform further refinement and use of this tool as part of Phase II of its development.

Burden of disease (BOD) stream roadmaps were established in June 2024, with the guidance of an Influenza BOD Working Group that consists of representatives from the Ministries of Health of Oman and Singapore, national public health institutes from India, South Africa and the United States of America, academic institutions, and WHO. The roadmaps outline different methodologies to estimate the burden of influenza risk-groups and non-respiratory influenza illness. This will be used to develop methodology guidance and will be piloted to align methods under different contexts.

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

Deliverable B

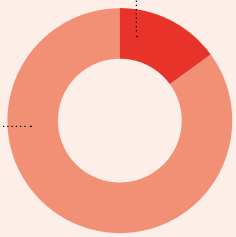
Influenza preparedness policies are strengthened in the context of health systems

15%

Implemented on biennial budget

85%

Unimplemented on biennial budget



$199K

Implemented

Milestones

12 Technical assistance conducted to introduce or strengthen influenza immunization policies

59 Member States

5 Regions

Highlights

A survey is being developed to understand the **drivers of policies on influenza risk groups among vaccine policymakers**. It will be finalized in August 2024 through a virtual workshop in collaboration with a BOD working group that includes the WHO Regional Office for the Americas, the WHO Regional Office for Europe, the Task Force for Global Health, and the National Institute for Communicable Diseases of South Africa. The survey will cover the following themes: policy-making processes, policy-maker knowledge, attitude and practices, and the influence of the political and economic environment.

Member States have been informed of other **resources to assist with the development of seasonal vaccination policy** including the seasonal influenza vaccination toolkit *(6)*, the policy brief *(7)*, and the Measuring Behavioural and Social Drivers of Influenza Vaccination (preliminary version).

In the South-East Asia Region, Democratic People's Republic of Korea is advancing on vaccine policy related work by planning a **workshop to update national seasonal influenza vaccination guidelines** and train health workers at the central, provincial, and county levels in 2024–25.

Output 1: Policy and plans

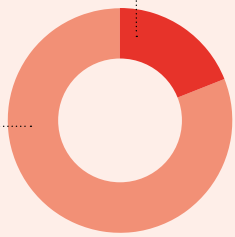
Policy and plans that result in health systems prepared for pandemic influenza

Deliverable C

Pandemic preparedness plans are developed, updated and exercised across sectors

19%
Implemented on biennial budget

81%
Unimplemented on biennial budget



$1M
Implemented

Milestones

Member States that are in development or updated a pandemic preparedness plan inclusive of influenza
- 6 **Preparatory workshops**
- 15 **Drafts in process**
- 3 **Drafts finalized**
- 0 Multisectoral planning committee meetings

3 Experiences shared on strengthening respiratory pathogen preparedness
- 19 **Member States**
- 5 **Regions**

0 Simulation exercises for pandemic preparedness plans for influenza including across sectors conducted

Highlights

Several regional, sub-regional and national pandemic planning workshops across the African Region, European region and Region of the Americas were conducted to address pandemic preparedness planning using the mode of transmission approach from Preparedness and Resilience for Emerging Threats (PRET) Module One. As a results of these workshops, Member States have initiated the process of developing or updating national pandemic plans, taking a multisectoral approach and building on COVID-19 lessons.

Through knowledge sharing webinars and planning sessions, Member States utilized these opportunities to learn from shared experiences, ensuring a coherent regional and global approach to developing pandemic influenza preparedness plans. For example, selected Member States in the Western Pacific Region benefited from the joint external evaluation (JEE)/national action plan for health security (NAPHS) and pandemic planning session in March 2024 by beginning to review their pandemic plans and ensuring alignment. In another peer exchange webinar series, two Member States shared different approaches to developing national pandemic plans, serving as reference for other countries engaged in the planning process.

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

Deliverable D

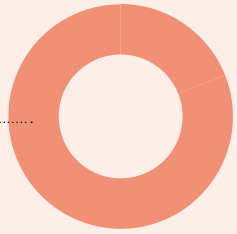
Policies are developed for equitable and sustained availability of pandemic influenza vaccines and other products

0%

Implemented on biennial budget

0%

Unimplemented on biennial budget



$0M

Implemented

Milestones

6 Technical assistance provided to ensure sustainable influenza vaccine procurement, production and distribution

47 Member States

3 Regions

0 Global policy guidance on influenza vaccine manufacturing capacity published

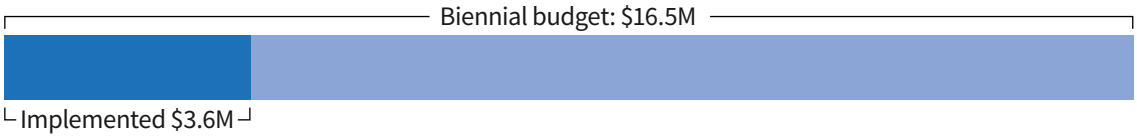
Highlights

The Facilitated Assessment of Influenza Vaccination Programme Review (FAIR) tool was piloted in selected Member States in the Eastern Mediterranean Region and Region of the Americas. Member States can use this tool to assess and analyze both current and potential synergies across sectors to encourage and sustain their national seasonal influenza vaccination programme and strengthen national pandemic preparedness. The tool is expected to be finalized in 2024.

Regional Office for South-East Asia is conducting the annual landscape analysis of influenza situation for 2023. It allows Member States, WHO and partners to track implementation of global initiatives at both regional and Member State levels and demonstrates the regional progress in strengthening influenza surveillance and influenza pandemic preparedness. This includes an analysis of **influenza vaccine procurement systems** to understand the status of vaccine procurement and delivery systems, and how they differ between established systems such as the UNICEF Procurement Division, and other global and regional manufacturers.

Output 2: Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

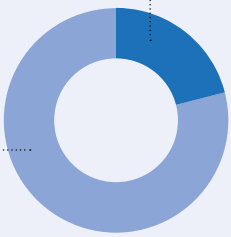


Deliverable A

Laboratory capacities, including genomics, are strengthened

21%
Implemented on biennial budget

79%
Unimplemented on biennial budget



$1.8M
Implemented

Milestones

20 Laboratory trainings including for genomic sequencing and technical assistance provided
65 Member States
6 Regions

EQAP status
- Contract signed
- Sent out
- Results received
- Results published in weekly epidemiological record
- Results shared with participating laboratories

0 National Influenza Centres (NICs) recognized

124 Shipments made using Shipping Fund Project
84 Member States
6 Regions

5 Infectious Substance Shipping Training (ISST) conducted
11 Member States
4 Regions

8 Global protocols or guidance reviewed

1 Vaccine Composition meeting (VCM) completed

2 New CVVs proposed

Highlights

Based on current antigenic, genetic and epidemiologic data, **two new Candidate Vaccine Virus (CVVs) were proposed during the February 2024 VCM.** Continued selection and development of CVVs is essential for global pandemic preparedness as zoonotic influenza viruses continuously evolve.

Laboratory experts from five Member States participated in **hands-on training on next-generation sequencing** (NGS). This training will support GISRS laboratories in genetically characterizing influenza-positive samples collected from sentinel surveillance using NGS.

In May 2024, **Yemen's Ministry of Public Health for the first time shipped 50 samples** of seasonal influenza viruses to the WHO Collaborating Centre for Reference and Research on Influenza in London. Combined support from WHO, Ethiopia, and the United Nations Humanitarian Air Service for procurement and shipping made this possible. This achievement was a culmination of years of PIP-supported capacity building efforts for their influenza surveillance and sample-sharing system amidst a complex humanitarian emergency.

Krishna (left) and Anima (right) register prior to receiving COVID-19 vaccine at Paropakar Maternity and Women's Hospital in Kathmandu, Nepal. © WHO / Blink media - Uma Bista

Output 2: Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

Deliverable B

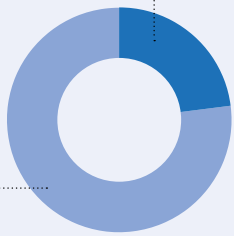
Resilient surveillance systems are improved and maintained in a One Health context

23%

Implemented on biennial budget

77%

Unimplemented on biennial budget



$1.8M

Implemented

Milestones

68 Technical assistance for surveillance provided
68 Member States
6 Regions

22 Technical assistance provided to strengthen human-animal interface
52 Member States
4 Regions

3 Outbreak detection and response trainings completed
36 Member States
2 Regions

11 Regional or in-country PISA trainings conducted
10 Member States
4 Regions

PISA updated guidance published
- ✓ Drafted
- ✓ Published
- ● Translated

9 National and regional influenza meetings held to improve global influenza surveillance system strengthening
60 Member States
5 Regions

137 Regional bulletins published
5 Regions

6 Protocols developed for investigations and studies network (Unity Studies)

Highlights

The Severe Acute Respiratory Infections network (SARInet) is a regional collaboration of professionals from hospitals, laboratories, health organizations, and other institutions from Member States of the Americas dedicated to SARI pandemic preparedness, surveillance and response. PIP funds have been instrumental in transforming SARInet into a robust, collaborative framework. SARInet celebrated its 10th anniversary in Mexico City. Read more about its achievements in this story *(8)*.

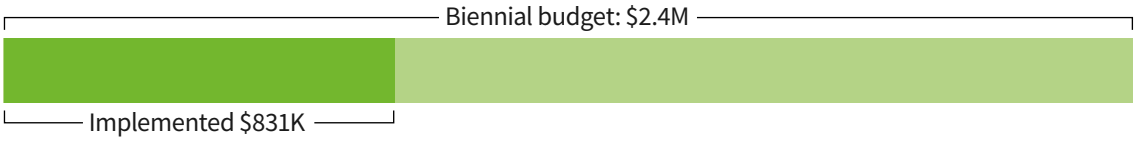
WHO's Investigations and Studies (Unity Studies) provides a generic preparedness and readiness framework for conducting targeted investigations and studies that are critical to the assessment of emerging or re-emerging respiratory virus of pandemic or epidemic potential. **Protocols were developed for Unity Studies** including for first few X cases and contacts, household and closed-settings transmission investigation template protocols as well as statistical analysis plan for pandemic influenza A.

In the Western Pacific Region, the **Pacific Integrated Respiratory Disease Surveillance Meeting** was held in March 2024. They discussed the feasibility of an expanded GISRS in the Pacific Island Countries (PICs) with linkages to other surveillance systems, facilitated dialogue on regional and global strategies adapted to the Pacific context for preparedness and response to influenza and other respiratory pathogens, and drafted a road map and plans of action for strengthening integrated respiratory disease surveillance.

Health personnel, midwives and other priority groups received their first dose of COVID-19 vaccine in Campur, a municipality in the department of Alta Verapaz. Guatemala, 2021. © WHO / Victor Sanchez

Output 3: Community protection

Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

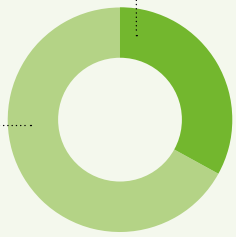


Deliverable A

Country RCCE systems and capacities are enhanced and regularly exercised for influenza

33%
Implemented on biennial budget

67%
Unimplemented on biennial budget



$307K
Implemented

Milestones

Member States working to include the core components of Risk communication and community engagement (RCCE) in their pandemic preparedness plans

5 Preparatory workshop
2 Draft in process
1 Draft finalized

3 Communities onboarded on Hive platform to strengthen the engagement of WHO Information Network for Epidemics (EPI-WIN) communities

Highlights

The COVID-19 pandemic highlighted the need for convening, in a secure space, groups of relevant people or experts for a particular topic, to exchange information, discuss openly and share experiences rapidly for peer learning, and WHO, through its convening power, therefore created the HIVE platform *(9)* In 2024, WHO has onboarded **three new influenza-related communities** on the platform i.e. SARInet, Asia Pacific Health Security Action Framework (APHSAF), and Science Translation for Health Emergencies (STHE).

During a Training of Trainers piloted in four Member States in April 2024, the Regional Office for Europe enhanced the all-hazard **RCCE-Infodemic Management (IM) Capability Mapping Tool and Plan Creator** through feedback from the RCCE-IM Technical Advisory Group. The tools are important to map RCCE-IM capabilities in countries for planning. The trainings were based on capability self-assessment and the infodemic management ten-module approach to planning, with an emphasis on planning simulations, including pandemic scenarios.

Output 3: Community protection

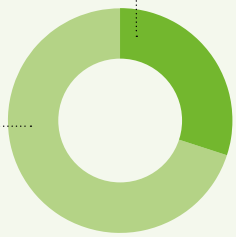
Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

Deliverable B

Knowledge translation capacity is developed and enhanced

30%
Implemented on biennial budget

70%
Unimplemented on biennial budget



$186K
Implemented

Milestones

0 Tools and products developed to strengthen translation of science in emergencies via Science Translation Network

1 Technical assistance provided to enhance knowledge translation capacities and systems
17 Member States
5 Regions

Highlights

Given the escalating **H5N1 avian influenza outbreak** around the world, WHO held two EPI-WIN webinars to brief the public on the situation and what actions they can take. These webinars had over 1 200 attendees from 150 Member States and over 400 organizations. These webinars are an important opportunity to brief a wide range of stakeholders on WHO's response actions to this outbreak. In the feedback response, many participants shared that they would use the information from the webinar to guide updates of their national/sub-national or organizational actions, and academic courses, as well as to create community awareness.

The STHE Network community was established through HIVE and includes scientists and researchers, media and communication professionals, health workers and decision makers. The first meeting of this informal network was hosted online in June 2024. Cochrane shared their experiences and lessons learnt for science translation during the COVID-19 pandemic, followed by a discussion on challenges.

Output 3: Community protection

Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

Deliverable C

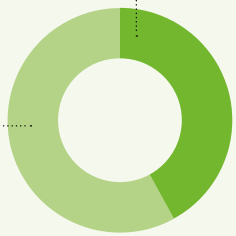
Effective infodemic management systems in place

42%

Implemented on biennial budget

58%

Unimplemented on biennial budget



$338K

Implemented

Milestones

1 Guidance documents for building an infodemic insights report published

8 Technical assistance to enhance infodemic management

15 Member States

4 Regions

Highlights

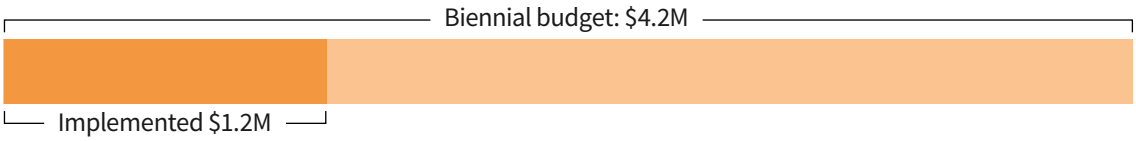
A four-day infodemic management training package has been developed and piloted in the selected countries in the Region of the Americas, South-East Asia Region, and Western Pacific Region, with a particular focus on zoonotic influenza. The training can be adapted and tailored to facilitate building and strengthening of the set of the capacities described in the infodemic management competency framework *(10)*.

At Member States level, Fiji organized a workshop which supported the use of tools and platforms for emergency-based surveillance from multiple sources to log rumors, questions, concerns, and misinformation, and plan communication based on that information.

The Regional Office for Europe developed and published Addressing dangerous health narratives in emergencies: an operational toolkit *(11)*. This tool aims to provide public health authorities' RCCE-infodemic management with a **practical resource to manage false information** during emergencies, including influenza pandemics.

Output 4: Access to countermeasures

Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

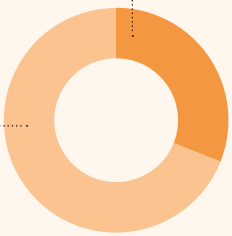


Deliverable A

Regulatory readiness and resilience in countries is enhanced

31%
Implemented on biennial budget

69%
Unimplemented on biennial budget



$784K
Implemented

Milestones

0 Tools refined for supporting regulatory preparedness for pandemic influenza

6 Benchmarkings conducted
6 Member States
3 Regions

13 Institutional development plan follow up visits conducted
10 Member States
4 Regions

3 Technical assistance provided to strengthen national capacities to regulate pandemic influenza products, including implementation of IDP components
9 Member States
6 Regions

WHO Regulatory preparedness guidelines translated
- Arabic
- Chinese
- French
- Russian
- Spanish

0 Technical assistance provided to implement the PIP regulatory preparedness guidelines

Highlights

Zimbabwe became the sixth Member States in African Region to reach WHO maturity level three *(12)* in regulation of medicines, which equates to stable, well-functioning and integrated regulatory systems. This brings the total number of Member States having reached maturity level three or four globally to 16 *(13)*.

The guidelines on regulatory preparedness for the oversight of pandemic or other emergency use vaccines in importing countries was adopted by the WHO Expert Committee on Biological Standardization (ECBS) and published in 2024 as part an annex to the 78th of the ECBS seventy-eight report *(14)*.

WHO approved the total designation of 33 national and regional regulatory authorities as WHO Listed Authorities *(15)* that can be relied on at all times, including during a pandemic, for fulfilling the highest level of regulatory standards and practices for quality, safety and efficacy of medicines and vaccines. This listing makes a total of 36 regulatory authorities from 34 Member States now designated as WHO Listed Authorities.

Asem Jaafil collects a respiratory sample from a child as part of routine influenza surveillance activities on 3 August 2022. Lebanon, 2022.

Output 4: Access to countermeasures

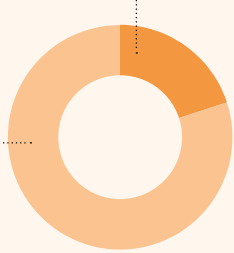
Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

Deliverable B

A common approach to managing global access, allocation and deployment of pandemic products including Standard Material Transfer Agreement 2 operationalization is prepared

20%
Implemented on biennial budget

80%
Unimplemented on biennial budget



$117K
Implemented

Milestones

Tools in each stage of implementation to develop, elaborate and refine the common approach to managing global access, allocation and deployment of pandemic products

2 Planning and organizing
0 Drafting documents/developing tools
1 Finalization
0 Periodic review/exercise

Highlights

A mapping report on the end-to-end capacities and initiatives across all medical countermeasures needed for a pandemic influenza response was finalized in June 2024 *(16)*. The report aims to: i) inform the development of the pandemic influenza operational framework for access, allocation and deployment of pandemic products; and ii) list key related operational gaps that should be addressed in the coming biennium.

In order to improve **collaboration for timely and fair access to medical countermeasures (MCMs)**, multi-stakeholder and cross-regional communication channels have been established. There have been regular online meetings with stakeholders, including civil society and industry, and a meeting of regional representatives was also held in Geneva in March 2024. These meetings are essential to align practices and ensure a synergistic approach to pandemic influenza response.

Output 4: Access to countermeasures

Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

Deliverable C

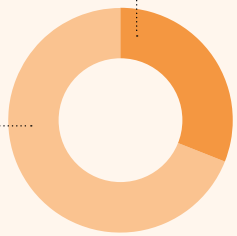
Country capacity to deploy and distribute pandemic products is strengthened

31%

Implemented on biennial budget

69%

Unimplemented on biennial budget



$337K

Implemented

Milestones

National deployment and vaccination plans (NDVP) for pandemic influenza vaccine in development or updated since COVID-19 pandemic

1 Preparatory workshop
3 Drafts in process
0 Draft finalized

Simulation exercises conducted to test deployment of pandemic influenza vaccines or other products

9 Member States
2 Regions

0 Global guidance or tools developed or updated inform national medical countermeasures access, allocation and deployment planning

4 Technical assistance provided to develop or update national deployment plan

9 Member States
2 Regions

Highlights

To aid Member States in the development of their NDVP, a **checklist to introduce relevant health products** is being developed and in an advanced draft stage. The aim of the checklist is to provide an outline of the essential minimum elements that need to be considered and included in different national relevant plans that aim to support access, allocation, and deployment of such products against pandemic influenza and other respiratory viruses of pandemic potential. It will be made available for public consultation in August 2024.

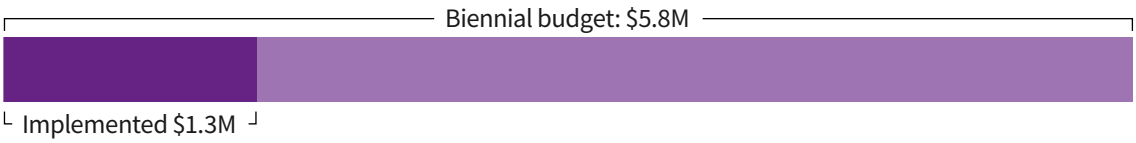
The Regional Office for the Americas conducted three national workshops in Costa Rica, Dominican Republic, and Guatemala to review and update the current NDVP, following the WHO Guidance on development and implementation of a NDVP *(17)* published in 2023. The workshops also involved conducting a national simulation and concluded with the joint development of a work plan to review and update the NDVP, focusing on respiratory viruses with pandemic potential. They also established strategic lines of work, with the aim of replicating this experience and learning at the local and subnational levels to ensure a multisectoral, agile and equitable response at all levels *(18-20)*.

The Regional Office for Africa also conducted a workshop in Abidjan, Cote d'Ivoire in April 2024 for francophone Member States to develop NDVP for pandemic influenza and other respiratory viruses of pandemic potential, with six countries participating and engaging in a simulation exercise.

Nurse Ramatu (right) registers Fatmata during a mobile vaccination clinic in Rofunta. Sierra Leone, 2022. © WHO / Michael Duff

PIP Framework Secretariat

The PIP Secretariat leads, manages and supports implementation of the PIP Framework

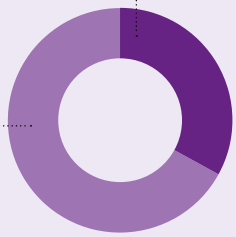


Deliverable A

Promote the effective implementation of the PIP Framework in a changing environment

33%
Implemented on biennial budget

67%
Unimplemented on biennial budget



$583K
Implemented

Milestones

2 Meetings held and reports submitted to WHO DG or governing bodies to support implementation of Section 7 (Governance and review) of the PIP Framework

Documents/reports in development or developed for the World Health Assembly or Executive Board
0 Scoping
0 Draft
1 Final

15 Advocacy materials/events completed to promote the PIP Framework to stakeholders

Highlights

The PIP Advisory Group updated and revised the **2014 Guiding Principles for use of the PIP PC response funds** following broad consultation with stakeholders, consideration of their input, and taking into account lessons learned from the COVID-19 pandemic. During the March 2024 meeting, the Advisory Group submitted the revised Guiding Principles to the Director-General, of which the Director-General has approved.

In the context of the current spread of avian influenza (H5N1), the PIP Framework has provided, and continues to provide, the overarching structure and foundational principles for WHO's work to accelerate effective pandemic influenza preparedness and ensure a timely and equitable response.

A health volunteer takes the temperature for a patient during a home visit on 23 September 2020, in Bang Phut Sub District. Thailand, 2020. © WHO / Ploy Phutpheng

PIP Framework Secretariat

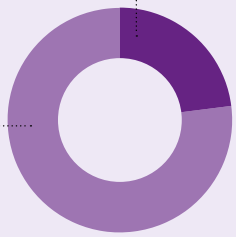
The PIP Secretariat leads, manages and supports implementation of the PIP Framework

Deliverable B

Collect, implement, monitor, and report on the Partnership Contribution

23%
of funds implemented from the biennial budget

77%
of funds not implemented



$124K
Implemented

Milestones

Status of PC collection and distribution (planning)
- ✓ Invoice sent by 30 June
- PC fund distributed by 31 December

3 Site monitoring visits conducted (implementation)

Work plan compliance checks conducted (monitoring)
- January – June
- July – December

12 PC implementation updates published in newsletter and/or website (reporting)

Highlights

The PIP PC High-Level Implementation Plan (HLIP III) *(1)* has been translated into all six United Nations languages plus Portuguese extending the reach and understanding of the work that is to be implemented using the PC over the next six years.

The PIP PC HLIP III Monitoring and Evaluation Framework *(21)* was published in April 2024. The document facilitates technical implementation and monitoring by teams across the three levels of the Organization and provides a reference guide for all beneficiaries and stakeholders to understand how progress is measured against the HLIP III results hierarchy.

An independent external evaluation of HLIP II is in progress. The aims are to provide accountability for the use of the PIP PC for preparedness activities and provide recommendations to improve the implementation of the PIP PC preparedness funds. The final report and associated response from WHO are expected in October 2024.

Thailand's EMT has adapted roles and responsibilities to provide treatment and care at a conventional hospital. Thailand, 2021. © WHO / Ploy Phutpheng

PIP Framework Secretariat

The PIP Secretariat leads, manages and supports implementation of the PIP Framework

Deliverable C

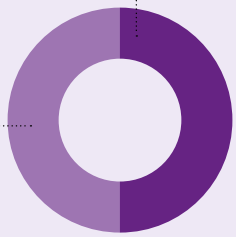
Standard Material Transfer Agreements 2 (SMTA2) are concluded, reviewed, and operationalized

21%

of funds implemented from the biennial budget

79%

of funds not implemented



$566K

Implemented

Milestones

SMTA2s under negotiation or under review
4 Negotiation
0 Review

2 Documents or tools produced as part of the operationalization of SMTA2s

Highlights

In May 2024, **a new SMTA2 was signed with a vaccine manufacturer, Adimmune Corporation.** The commitment is for donation of 8% of real time production of pandemic influenza vaccines and reservation of 2% of real time production at an affordable price to WHO. This is the 15th SMTA2 WHO has signed with a vaccine manufacturer, further increasing the number of available doses that would be available to WHO when a pandemic emergency is declared.

In May 2024 **the first antiviral donation agreement under Section 6.8 of the PIP Framework was signed with F. Hoffman-LaRoche Ltd.** The commitment is for up to 5 million treatment courses over a two-year period. These antiviral treatment courses would be critical in the early stages of the response to an influenza pandemic.

References

1. Pandemic Influenza Preparedness Framework: Partnership Contribution High-Level Implementation Plan III 2024-2030. Geneva: World Health Organization; 2023 (https://iris.who.int/bitstream/handle/10665/366981/9789240070141-eng.pdf?sequence=1).

2. PIP Framework Partnership Contribution [website]. World Health Organization; (https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/partnership-contribution).

3. Pandemic Influenza Preparedness Framework: Distribution of Partnership Contribution among companies [website]. World Health Organization; 2013 (https://cdn.who.int/media/docs/default-source/pip-framework/partnership-contribution/pc-background-documents/pc_distribution.pdf).

4. Guiding Principles for use of PIP Framework Partnership Contribution Funds for Pandemic Influenza Response [website]. World Health Organization; 2024 (https://cdn.who.int/media/docs/default-source/pip-framework/governance/guiding-principles-for-use-of-pip-pc-funds-for-pandemic-influenza-response-website.pdf?sfvrsn=ca068bd3_1).

5. Chard AN, Machingaidze C, Loayza S, Gharpure R, Nogareda F, Gonzalez R et al. Estimating averted illnesses from influenza vaccination for children and pregnant women - El Salvador, Panama, and Peru, 2011-2018. Vaccine. 2024 (https://doi.org/10.1016/j.vaccine.2024.04.007).

6. Seasonal Influenza Vaccination Toolkit [website]. World Health Organization; 2024 (https://www.who.int/teams/global-influenza-programme/vaccines/influenza-vaccination-toolbox).

7. Seasonal influenza vaccination: developing and strengthening national programmes. World Health Organization; 2023 (https://iris.who.int/bitstream/handle/10665/374324/9789240084636-eng.pdf?sequence=1).

8. Celebrating a decade of the Severe Acute Respiratory Infections network in the Americas. World Health Organization; 2024 (https://www.who.int/news/item/05-07-2024-celebrating-a-decade-of-the-severe-acute-respiratory-infections-network-in-the-americas).

9. HIVE [website]. World Health Organization; 2024 (https://hivecenter.who.int/).

10. WHO's Operational Update on Health Emergencies. World Health Organization; 2024 (https://www.who.int/publications/m/item/who-s-operational-update-on-health-emergencies---june-2024).

11. Addressing dangerous health narratives in emergencies: an operational toolkit [website]. World Health Organization; 2024 (https://www.who.int/europe/news/item/25-01-2024-addressing-dangerous-health-narratives-in-emergencies--an-operational-toolkit).

12. WHO Global Benchmarking Tool (GBT) for evaluation of national regulatory system of medical products: Manual for benchmarking and formulation of institutional development plans. Geneva: World Health Organization; 2023 (https://iris.who.int/bitstream/handle/10665/376137/9789240087637-eng.pdf?sequence=1).

13. List of National Regulatory Authorities (NRAs) operating at maturity level 3 (ML3) and maturity level 4 (ML4) [website]. World Health Organization; 2024 (https://www.who.int/publications/m/item/list-of-nras-operating-at-ml3-and-ml4).

14. WHO Expert Committee on Biological Standardization: seventy-eighth report. Geneva: World Health Organization; 2024 (https://iris.who.int/bitstream/handle/10665/376596/9789240091832-eng.pdf?sequence=1).

15. List of WHO Listed Authorities WLAs. World Health Organization; 2024 (https://www.who.int/publications/m/item/list-of-who-listed-authorities-wlas).

16. Defining access to countermeasures: landscape report. Executive summary. Geneva: World Health Organization; 2024 (https://iris.who.int/bitstream/handle/10665/378271/9789240097124-eng.pdf?sequence=1).

17. Guidance on development and implementation of a national deployment and vaccination plan for vaccines against pandemic influenza and other respiratory viruses of pandemic potential. Geneva: World Health Organization; 2023 (https://iris.who.int/bitstream/handle/10665/374995/9789240084872-eng.pdf).

18. PAHO/WHO strengthens preparedness and response to epidemics and pandemics caused by respiratory pathogens in Guatemala by carrying out a simulation exercise for the National Deployment and Vaccination Plan. WHO Regional Office for the Americas; 2024 (https://www.paho.org/es/noticias/24-4-2024-opsoms-fortalece-preparacion-respuesta-epidemias-pandemias-por-patogenos).

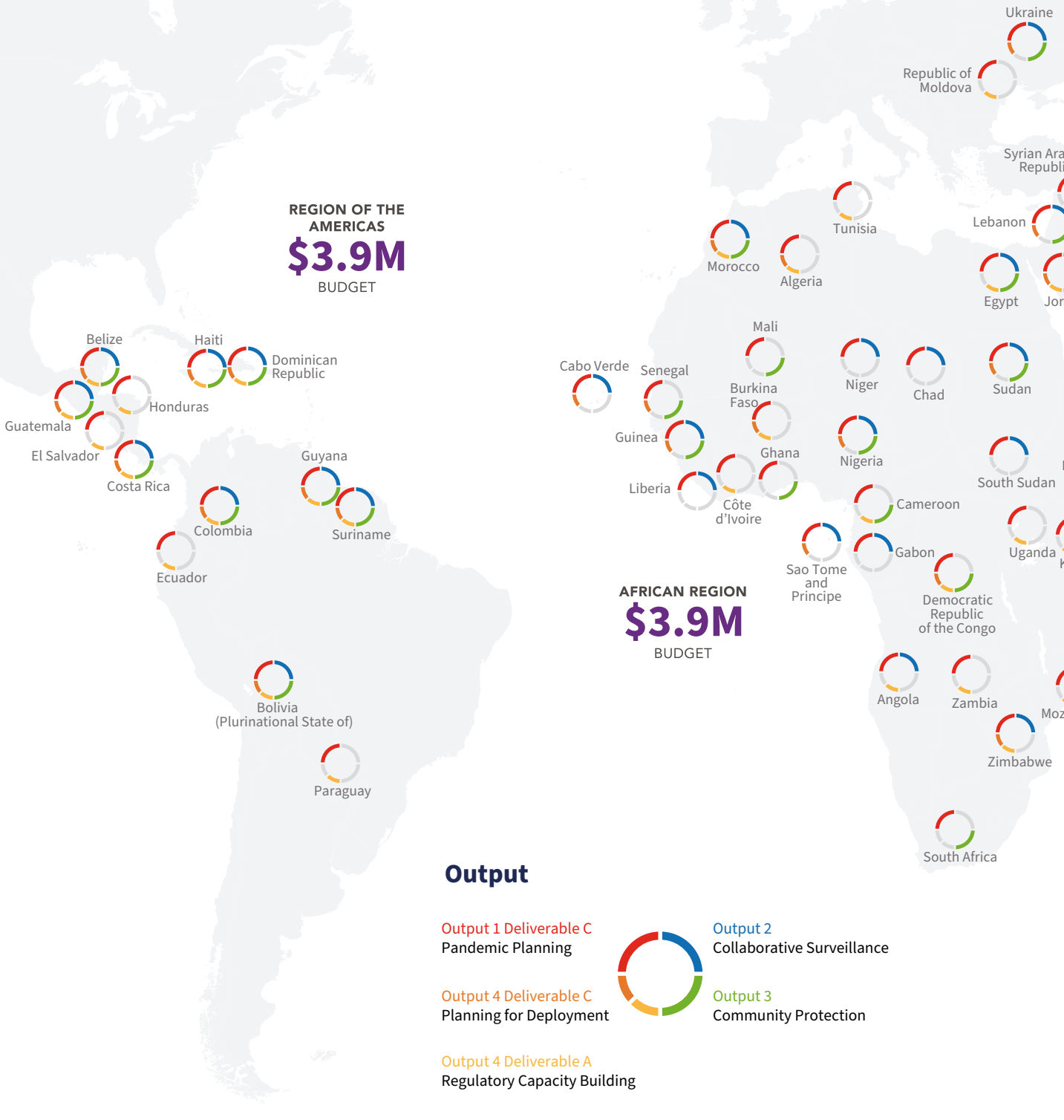
19. Preparing for emergencies! Costa Rica is updating its National Plan for the Deployment and Vaccination of respiratory viruses with pandemic potential. WHO Regional Office for the Americas; 2024 (https://www.paho.org/es/noticias/13-6-2024-preparandonos-para-emergencias-costa-rica-esta-actualizando-su-plan-nacional).

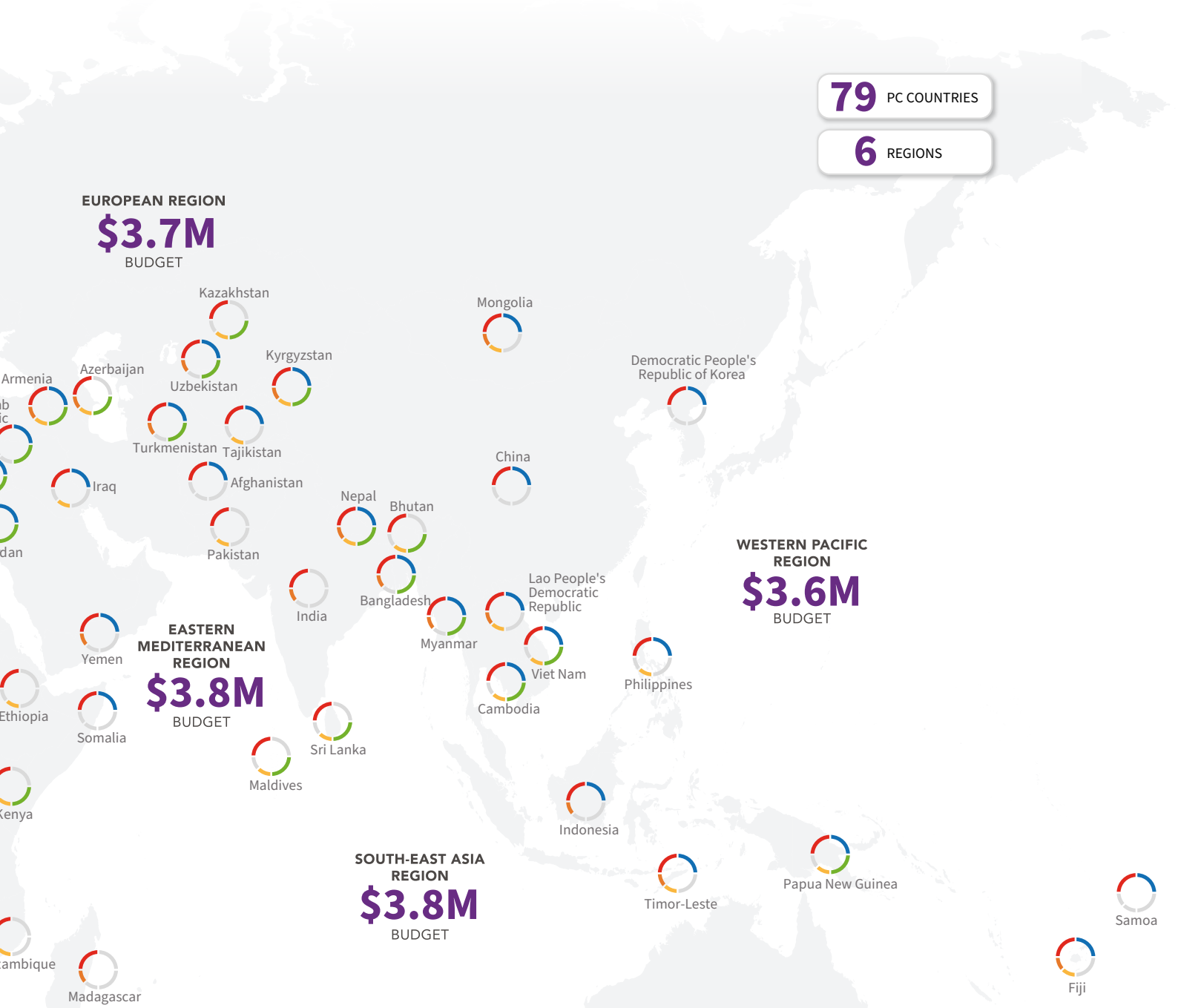
20. Dominican Republic prepares and updates the National Plan for Deployment and Vaccination of respiratory viruses with pandemic potential. WHO Regional Office for the Americas; 2024 (https://www.paho.org/es/noticias/1-7-2024-republica-dominicana-se-prepara-actualiza-plan-nacional-despliegue-vacunacion).

21. Pandemic Influenza Preparedness Framework Partnership Contribution High-Level Implementation Plan III 2024-2030: monitoring and evaluation framework. Geneva: World Health Organization; 2024 (https://iris.who.int/bitstream/handle/10665/376403/9789240089129-eng.pdf?sequence=1).

Annex

PIP Framework Partnership Contribution HLIP III Member States by output (2024–25)




79 PC COUNTRIES
6 REGIONS
EUROPEAN REGION
$3.7M
BUDGET
Kazakhstan
Mongolia
Kyrgyzstan
Uzbekistan
Armenia
Azerbaijan
Democratic People's Republic of Korea
Turkmenistan
Tajikistan
China
Iraq
Afghanistan
Nepal
Bhutan
Pakistan
WESTERN PACIFIC REGION
$3.6M
BUDGET
India
Bangladesh
Lao People's Democratic Republic
Myanmar
EASTERN MEDITERRANEAN REGION
$3.8M
BUDGET
Yemen
Viet Nam
Philippines
Cambodia
Ethiopia
Somalia
Sri Lanka
Maldives
Indonesia
SOUTH-EAST ASIA REGION
$3.8M
BUDGET
Timor-Leste
Papua New Guinea
Samoa
Fiji
Madagascar

World Health Organization
20, Avenue Appia
1211 Geneva 27
Switzerland

Email: pipframework@who.int
Website: www.who.int/initiatives/pandemic-influenza-preparedness-framework