
Pandemic Influenza Preparedness Framework

PROGRESS REPORT

1 January – 30 June 2018



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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; and to increase the access of developing countries 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 the WHO Global Influenza Surveillance and Response System (GISRS). Funds are allocated for: (a) pandemic preparedness capacity building; (b) response activities during the time of a pandemic; and (c) PIP Secretariat for the management and implementation of the Framework.

For pandemic preparedness capacity building, activities are implemented according to six outputs under one outcome in the High Level Implementation Plan (HLIP) II 2018-2023. The technical and financial investments of countries 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 countries and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives.

This report addresses the recommendation from the 2016 PIP Review that WHO develop a progress report that presents overall success metrics and infographics to illustrate progress in PIP Framework implementation. This is the first such report which will be updated every six-months. Technical and financial implementation for HLIP II and the PIP Secretariat are presented. Progress against milestones measured every six months and indicators measured yearly are presented cumulatively from 1 January 2018.

For financial implementation, progress is reported against the biennial workplan allocation. 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 reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement (ICFS).

Many staff across WHO Clusters 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 input.

The report is structured as a series of infographics as follows:

- **PIP Framework implementation overview** (pages 6 – 7)
- **Technical and financial implementation progress** (pages 8 – 17)
- **Financial annex including ICFS** (*reported annually only*)

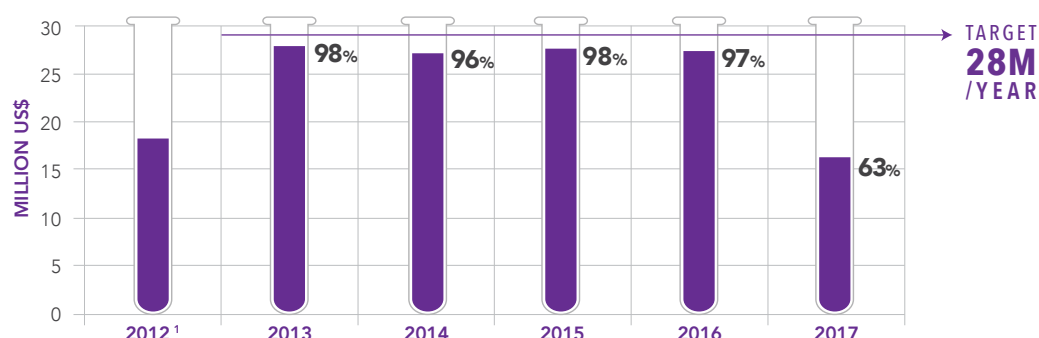
ACRONYMS & ABBREVIATIONS

AFR	WHO African Region	NITAG	National Immunization Technical Advisory Groups
AG	Advisory Group	NRA	National Regulatory Authority
AMR	WHO Region of the Americas	NVDP	National Vaccine Deployment Plan
BM	Biological Material	PC	Partnership Contribution
BOD	Burden of Disease	PCR	Polymerase Chain Reaction
CC	Collaborating Centre	PIP	Pandemic Influenza Preparedness
CRP	Collaborative Registration Procedure	PIRM	Pandemic Influenza Risk Management
CVV	Candidate Vaccine Virus	PISA	Pandemic Influenza Severity Assessment
DFID	Department for International Development (United Kingdom)	PQ	Prequalification
DG	Director-General	PSC	Programme Support Costs
EB	Executive Board	QMS	Quality Management Systems
EMR	WHO Eastern Mediterranean Region	RCCE	Risk Communications and Community Engagement
DEP	Planning for Deployment	REG	Regulatory Capacity Building
EQAP	External Quality Assessment Programme	RO	Regional Office
EUR	WHO European Region	RRT	Rapid Response Teams
GIP	Global Influenza Programme	SAGE	Strategic Advisory Group of Experts
GISRS	Global Influenza Surveillance and Response System	SARI	Severe Acute Respiratory Infection
GSD	Genetic Sequence Data	SEAR	WHO South-East Asia Region
HAI	Human Animal Interface	SFP	Shipping Fund Project
HLIP	High-Level Implementation Plan	SMTA2	Standard Material Transfer Agreement 2
ICFS	Interim Certified Financial Statement	TAG	Technical Advisory Group
IDP	Institutional Development Plan	TOR	Terms of Reference
ILI	Influenza-like Illness	UNICEF	United Nations Children's Fund
IPPP	Influenza Pandemic Preparedness Planning	US CDC	United States Centers for Disease Control and Prevention
ISID	International Society for Infectious Diseases	US HHS	United States Department of Health and Human Services
ISST	Infectious Substances Shipping Training	VCM	Vaccine Composition Meeting
IVPP	Influenza Virus with Pandemic Potential	WER	Weekly Epidemiological Record
IVTM	Influenza Virus Traceability Mechanism	WHA	World Health Assembly
L&S	Laboratory and Surveillance Capacity Building	WPR	WHO Western Pacific Region
LMIC	Low and Middle Income Countries	WHO	World Health Organization
MS	Member State		
NIC	National Influenza Centre		

IMPLEMENTATION OVERVIEW

PIP PC collection

PERCENTAGE OF TOTAL PC RECEIVED BY YEAR OF INVOICE



¹ In 2012, contributions were made voluntarily

² PC collection for previous unpaid contributions and 2018 invoices is in process

\$145M

CONTRIBUTED BY INDUSTRY²

PIP PC financial implementation

PREPAREDNESS

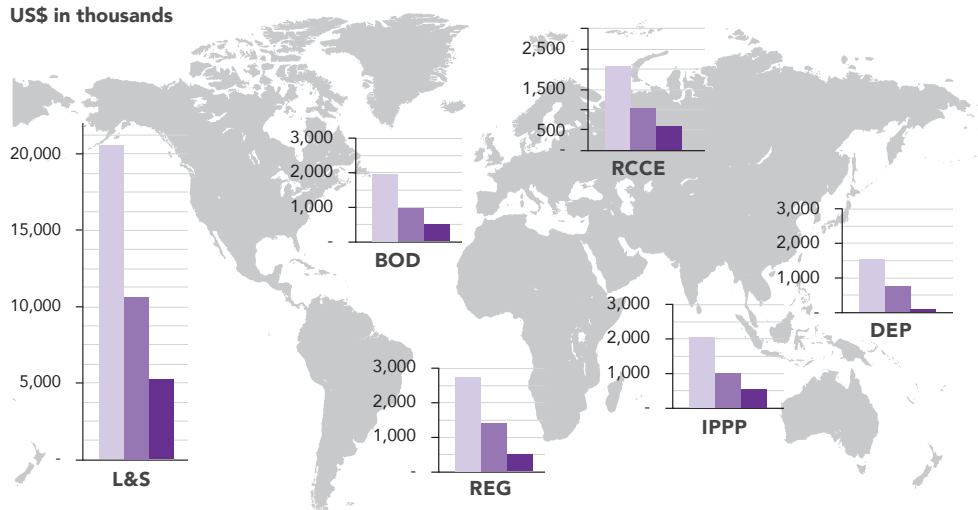
BIENNIAL BUDGET: \$31M

FUNDED: \$16M

IMPLEMENTED: \$7.5M

IMPLEMENTATION BY HLIP II OUTPUT

US\$ in thousands



PIP SECRETARIAT

BIENNIAL BUDGET: \$6.8M

FUNDED: \$2.8M

IMPLEMENTED: \$1.3M

RESPONSE

TOTAL IN RESERVE
(WITH PSC): \$39M

LEGEND

Biennial budget
Funded
Implemented

PIP Framework outcome indicators

OUTCOME

Improved global pandemic influenza preparedness and response through the implementation of the PIP Framework

Indicator	2017 Baseline	Status	2019 Target
% of Member States sharing IVPPs with GISRS according to WHO IVPP sharing guidance	N/A	Pending – Indicators updated annually	N/A
% of Member States reporting to FluNet (sustainability indicator)	86%		≥85%
% of Member States reporting to FluID	54%		60%
% of Member States with BoD estimates considered by NITAG	N/A		30%
No. of Member States that have implemented regulatory approach	0		10
% of Member States that developed or updated a pandemic influenza preparedness plan	25%		60%
% of companies reached to negotiate that signed an SMTA2	34%		50%
% of Partnership Contributions received in the year of invoice	N/A		100%

PIP Biological Materials* shared

PIP BMs RECORDED IN IVTM



FROM 1 SEPTEMBER 2017 TO
31 AUGUST 2018:

184

VIRUS SUBTYPES RECORDED:
A(H1), A(H3), A(H5), A(H7), A(H9)



TOTAL SINCE 1 DECEMBER 2012:

844

PIP BMs RECORDED

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

SMTA2

SMTA2 WITH VACCINE & ANTIVIRAL MANUFACTURERS

Large / multi-national
manufacturers

>75M

pandemic production



Medium-sized
manufacturers

>5M and <75M

pandemic production



Small
manufacturers

<5M

pandemic production



>400M

DOSES SECURED

SMTA2 WITH DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



SECURED ACCESS TO

10M

(5M SECURED BEFORE PIP
FRAMEWORK) TREATMENT
COURSES OF ANTIVIRALS



SECURED

250,000

DIAGNOSTIC KITS



NEW:

SECURED

25M

SYRINGES



65

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS



29

BENEFIT-SHARING OFFERS
ACADEMIC & RESEARCH
INSTITUTIONS

PIP Framework governance

On 11-13 April 2018, the Secretariat held the 14th PIP Advisory Group meeting in Geneva, which included an afternoon of consultation with industry and other PIP Framework stakeholders.

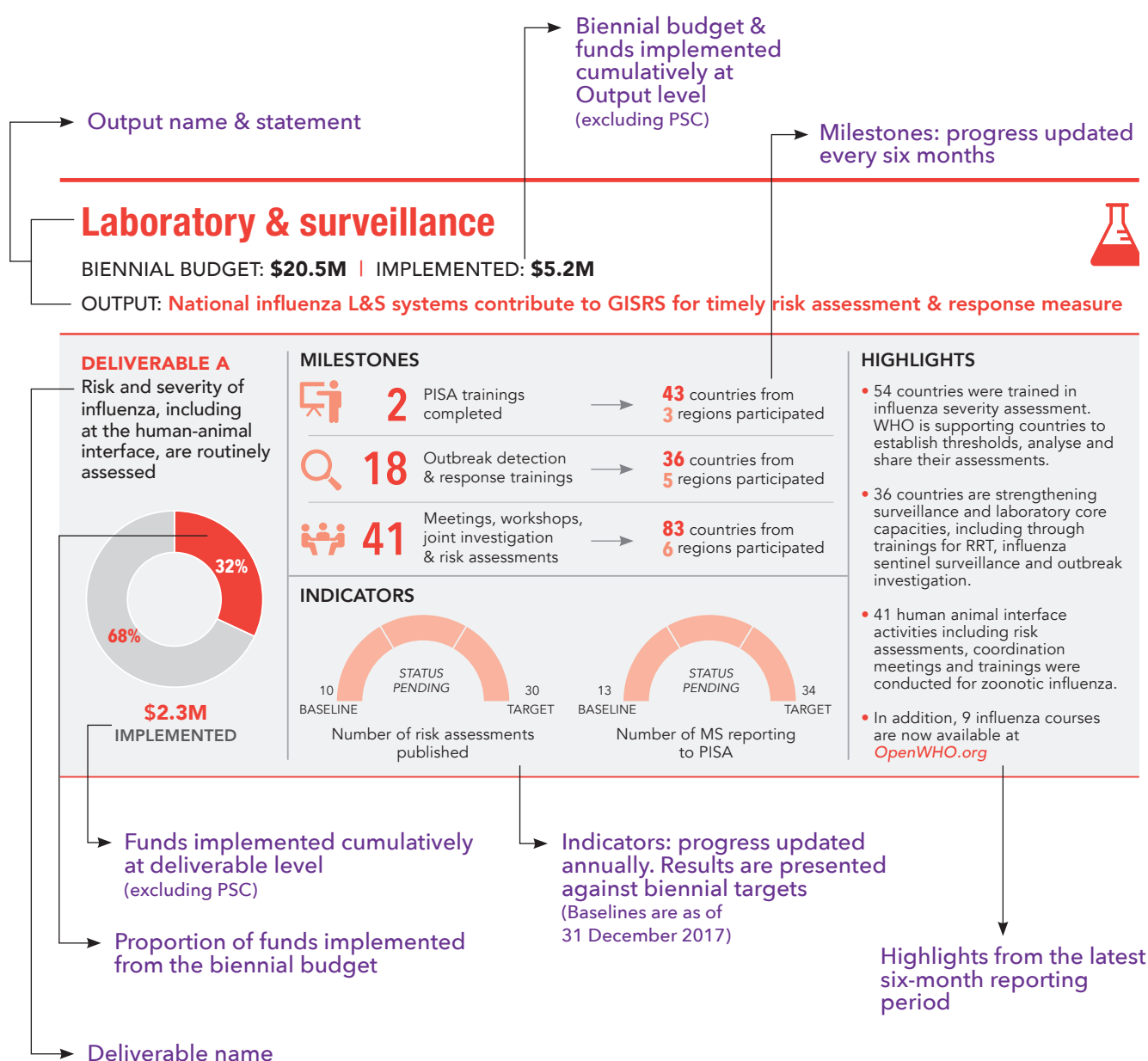


On 10 April 2018, the Secretariat held an Information Session on GISRS and the PIP Framework. The session was attended by more than 40 Member States and a wide range of stakeholders. The webcast from the session can be found at:
http://www.who.int/influenza/pip/10_April_Info_Session/en/

In September 2018, the Secretariat will circulate the first draft of the Analysis on the scope of the PIP Framework as requested by the World Health Assembly in Decision 70(10)". This draft will be discussed by Member States and stakeholders at the 15-16 October 2018 consultations on the implementation of Decision WHA70(10)8b.

IMPLEMENTATION PROGRESS

OUTPUT READING GUIDE



Laboratory & surveillance

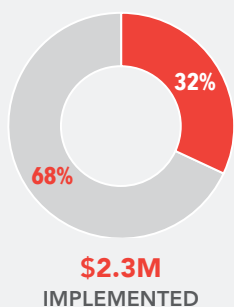


BIENNIAL BUDGET: **\$20.5M** | IMPLEMENTED: **\$5.2M**

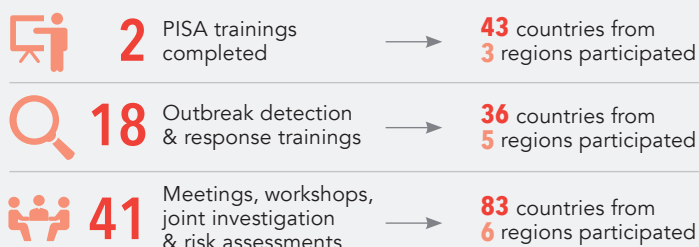
OUTPUT: **National influenza L&S systems contribute to GISRS for timely risk assessment & response measure**

DELIVERABLE A

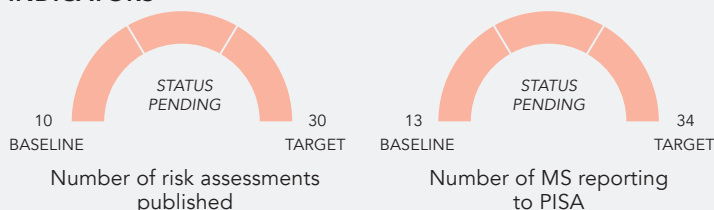
Risk and severity of influenza, including at the human-animal interface, are routinely assessed



MILESTONES



INDICATORS

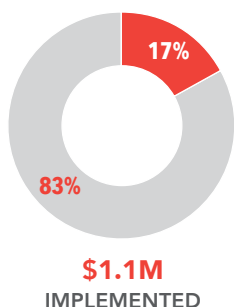


HIGHLIGHTS

- 54 countries were trained in influenza severity assessment. WHO is supporting countries to establish thresholds, analyse and share their assessments.
- 36 countries are strengthening surveillance and laboratory core capacities, including through trainings for RRT, influenza sentinel surveillance and outbreak investigation.
- 41 human animal interface activities including risk assessments, coordination meetings and trainings were conducted for zoonotic influenza.
- In addition, 9 influenza courses are now available at [OpenWHO.org](https://openwho.org)

DELIVERABLE B

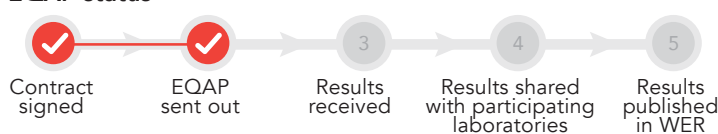
Quality influenza virus detection capacity is sustained



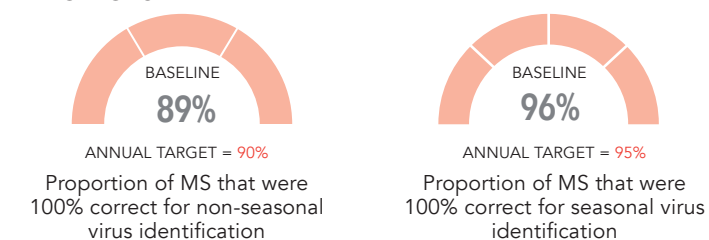
MILESTONES



EQAP status



INDICATORS

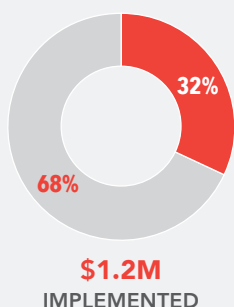


HIGHLIGHTS

- Laboratory strengthening activities such as laboratory assessments, QMS capacity-building missions, and trainings in diagnostic methods and specimen handling were conducted in 72 countries.
- WHO coordinates yearly PCR EQAP for GISRS and other national influenza laboratories. The 2018 panel was sent out and results are pending. WHO and GISRS will support laboratories to improve performance as needed.

DELIVERABLE C

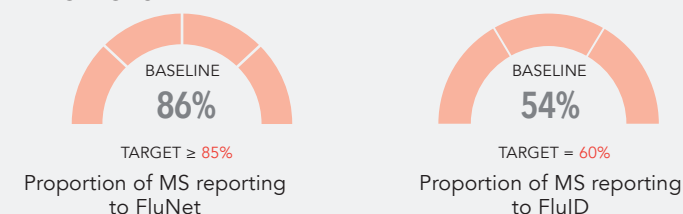
Countries are supported to consistently report influenza data to global platforms



MILESTONES



INDICATORS



HIGHLIGHTS

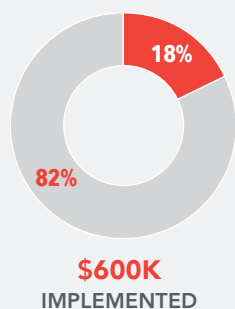
- 5 regional meetings were held to discuss influenza trends and improve surveillance practices. This involved countries, GISRS institutions and other partners.
- WHO supported 83 countries on surveillance data management to streamline reporting to regional/global platforms. This was done through remote technical support, regional and country meetings.
- Regional influenza bulletins are used by countries for monitoring influenza activity and to support decision-making. Countries are encouraged to produce national bulletins.



Laboratory & surveillance

DELIVERABLE D

Countries are supported to share timely representative influenza samples with WHO CCs



MILESTONES



4

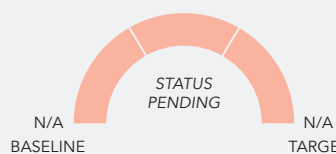
Trainings on infectious substance shipping provided → **27** countries from **2** regions involved



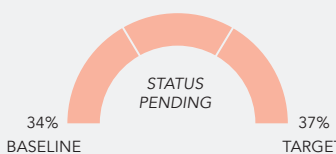
155

Shipments made using the SFP → **89** Member States from **6** regions

INDICATORS



Proportion of MS sharing IVPPs with GISRS



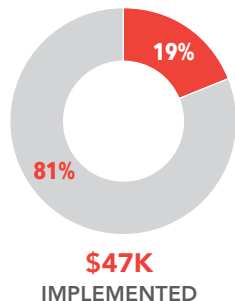
Proportion of MS sharing virus isolates/clinical specimens with CCs

HIGHLIGHTS

- Influenza virus sharing enables GISRS global monitoring, risk assessment and response.
- To ship infectious substances, laboratory staff must be certified. 4 ISST were held in 2 regions to certify staff.
- WHO's Shipping Fund Project provides funds to enable countries to share influenza viruses up to four times per year. This facilitates the timeliness of viruses characterized by GISRS. In this reporting period, 155 shipments were made.

DELIVERABLE E

Influenza CVVs, virus detection protocols and reagents, and reference materials are routinely updated



MILESTONES



10

Protocols and guidance reviewed, including translations



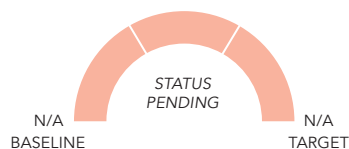
1

Vaccine Composition Meeting consultations completed

1

new A(H5N6) CVV proposed

INDICATORS



Number of zoonotic viruses & other IVPPs characterized by GISRS

HIGHLIGHTS

- WHO IVPP sharing guidance, Seasonal influenza virus sharing guidance, and the updated NIC TOR were disseminated in all Regions in relevant languages to facilitate country utilization of these documents.
- GISRS closely monitors zoonotic influenza viruses for genetic and antigenic evolution to select additional CVVs required. During the VCM held in February 2018, 1 new A(H5N6) CVV was proposed.

Burden of Disease

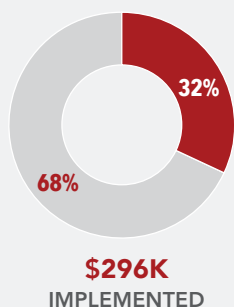
BIENNIAL BUDGET: \$2M | IMPLEMENTED: \$534K

OUTPUT: Influenza disease burden estimates are used for public health decisions



DELIVERABLE A

Representative national, regional and global disease burden estimates are available

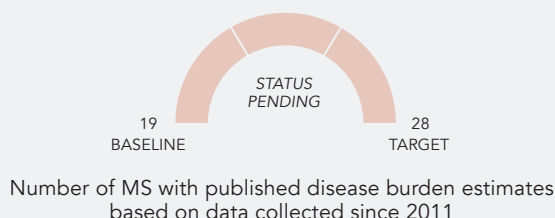


MILESTONE

Number of countries in each burden of disease estimate development stage



INDICATORS

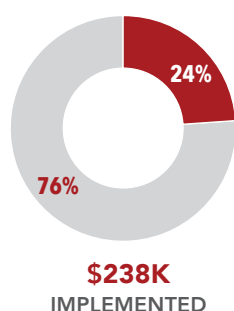


HIGHLIGHTS

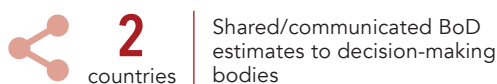
- Influenza disease burden estimates are valuable to guide influenza policy development, and implementation of preventive measures. Globally, 23% of countries have estimated or published their national/sub-national BOD estimates using data. 36 countries have established a plan to estimate BOD.
- Developing regional and global BOD estimates inform both national and international decision-making bodies on influenza preventive measures. To date, 53 countries have shared disease burden data for use in regional or global estimates.
- In addition, 2 online courses are now available at [OpenWHO.org](https://openwho.org) to assist countries in BOD calculation: (1) Estimating the disease burden associated with seasonal influenza, and (2) Estimating economic impact of seasonal influenza.

DELIVERABLE B

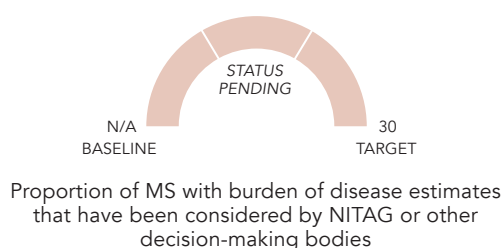
Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making



MILESTONE



INDICATORS



HIGHLIGHTS

- Calculating the proportion of countries with influenza burden estimates that have been considered by decision-making bodies is challenging. Progress reported here is based on country/regional self-report since the policy development process and impact on policy is rarely published.
- WHO is trying to identify a more systematic approach to monitor progress on this Deliverable. In discussion with the BOD steering committee and WHO regional offices on the benefits and challenges, a periodic country survey is under consideration.

Regulatory capacity building

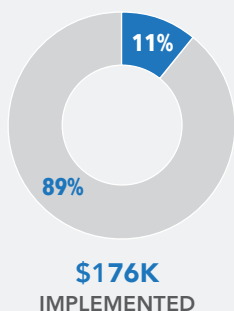


BIENNIAL BUDGET: **\$2.7M** | IMPLEMENTED: **\$533K**

OUTPUT: **Timely access to quality-assured influenza pandemic products is supported**

DELIVERABLE A

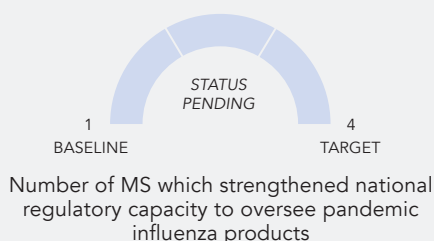
National regulatory capacity for pandemic influenza products is strengthened



MILESTONES

- 13** Refinements made to WHO Global benchmarking tool
- 1** Country benchmarked
- 6** IDP follow-up visits and implementation activities → **6** countries **2** regions

INDICATOR

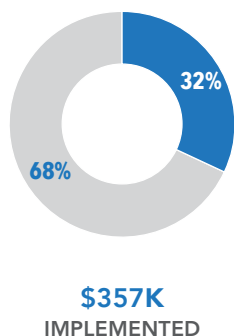


HIGHLIGHTS

- WHO's global benchmarking tool was revised through public consultation to strengthen national regulatory capacity development and global harmonization.
- In 6 of the 16 PIP recipient countries, regulatory capacity strengthening activities including self-benchmarking and IDP implementation were conducted. Six countries also attended WHO CC pharmacovigilance training workshops.
- Challenges for national IDP implementation include political instability, NRA restructure and public health emergencies (e.g. Ebola). To sustain IDP implementation, WHO teams routinely followed up and technically supported affected countries.

DELIVERABLE B

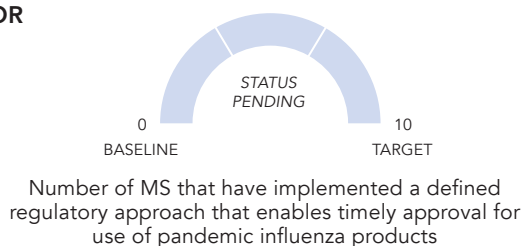
Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted



MILESTONES

- PIP regulatory guidelines translated to **5** languages
- 3** Workshops/trainings conducted to implement the PIP regulatory guidelines linking national IPPP & NVDP for pandemic influenza vaccines → **38** countries from **6** regions

INDICATOR



HIGHLIGHTS

- Regulatory pathways to accelerate approval of products during emergencies include PQ and CRP. 38 countries were supported to participate in a WHO meeting on CRP and/or in an annual PQ assessment training.
- Country follow-up to advance adoption of regulatory pathways is critical. To enable this, nine global facilitators were trained through 'Global Learning Opportunities' courses on facilitation skills. This will improve the delivery and transfer of technical knowledge and skills to countries.

Risk Communications & Community Engagement

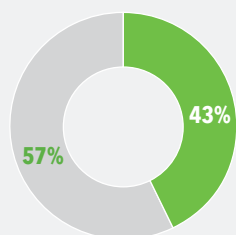


BIENNIAL BUDGET: **\$2M** | IMPLEMENTED: **\$584K**

OUTPUT: **Tools and guidance are available for countries to enhance influenza risk communication and community engagement**

DELIVERABLE A

Countries and front-line responders have access to resources for influenza risk communication, community engagement and social science-based interventions



\$366K
IMPLEMENTED

MILESTONES



13

Guidance/modules available on OpenWHO



13

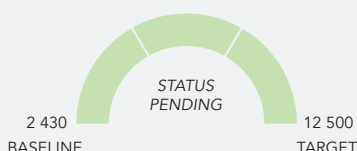
OpenWHO advocacy & marketing events



2

RCCE factors mapped in **1** priority country

INDICATORS



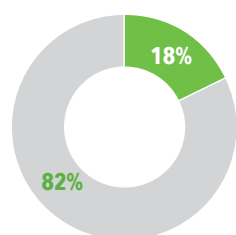
Number of users who completed OpenWHO influenza modules

HIGHLIGHTS

- **OpenWHO.org** has learning resources for pandemic influenza preparedness. PIP funds are used to maintain and promote the platform, develop RCCE specific courses as well as support the production process for other materials uploaded.
- Socio-cultural factors can impact disease spread and are important to consider in the design and delivery of public health interventions. Factors for pandemic influenza were identified and different processes to gather information defined. Two pilot countries are planning to map RCCE factors, one of which has already mapped two factors (language and religious leader networks).

DELIVERABLE B

Technical assistance is provided to countries to plan and exercise influenza risk communication and community engagement



\$218K
IMPLEMENTED

MILESTONES



4

Trainings, missions and other type of technical support provided involving **3** countries from **3** regions

Implementation of global partnerships & networks for effective RCCE capacity

19

Partners identified

19

Partners contacted

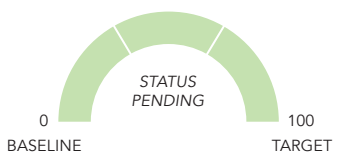
0

Plan of action developed

0

Evidence of approach alignment available

INDICATORS



Number of MS that utilized RCCE support for influenza preparedness or response

HIGHLIGHTS

- RCCE plans were developed in 3 countries, and a regional plan was developed in one region.
- WHO's SocialNet is a global surge capacity of anthropologists and social scientists equipped to support emergency response operations. Experts from SocialNet were deployed to three non-influenza outbreaks (Ebola, Listeriosis and Lassa fever) to sustain skills and capacities (non-PIP funded).
- Collaborations ongoing to leverage resources and capacities with UNICEF, CORE Group, Johns Hopkins University, iNSIST project, University of Dakar, Wellcome Trust, DFID, and ISID.

Planning for Deployment

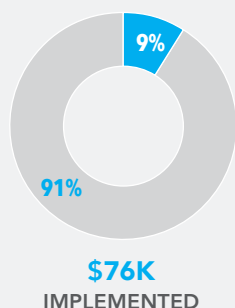


BIENNIAL BUDGET: **\$1.5M** | IMPLEMENTED: **\$126K**

OUTPUT: **Plans for effective & efficient deployment of pandemic supplies are optimized**

DELIVERABLE A

A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners



MILESTONES

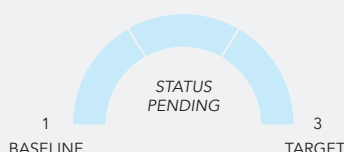


1 PIP Deploy refinements to facilitate planning, allocation and coordination



1 Advocacy meeting for a common approach completed

INDICATOR



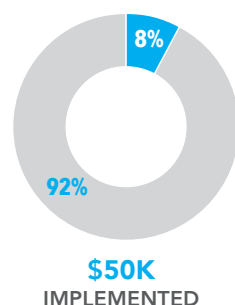
Annual simulation exercise conducted to test global deployment of pandemic influenza vaccines and other products

HIGHLIGHTS

- PIP Deploy is a simulation portal that enables stakeholders (countries, manufacturers, etc.) to test vaccine allocation, coordination and distribution. Next steps from the November 2017 global simulation include (a) formative work with stakeholders on plans/procedures for deploying vaccines, and (b) refinement of the PIP Deploy application. Progress in January-June was limited due to delays in staff recruitment. Staff are now on board and activities will scale-up from July onwards.
- An internal WHO landscape analysis involving 35 staff from 13 units was held to identify preparedness gaps in vaccine deployment. An action plan is under development.

DELIVERABLE B

National deployment planning process is revised and updated



MILESTONES



0 Global guidance revised



0 Training, mission, visit and other type of technical support provided to update NVDP

HIGHLIGHTS

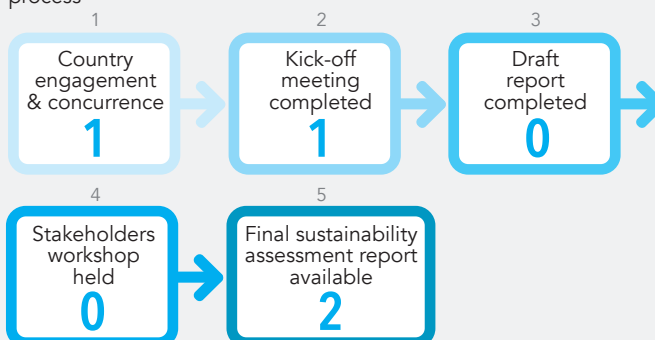
- Based on analyses conducted during HLIP I and in consultation with WHO country and regional offices, WHO deployment guidance (2012) remains relevant for countries to develop plans. Supportive tools including infographics and training package are under development to facilitate country use and application of the guidance.
- Questions about national deployment readiness were included in WHO's global IPPP survey. Responses will help define country support needs and technical assistance required.

DELIVERABLE C

Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries

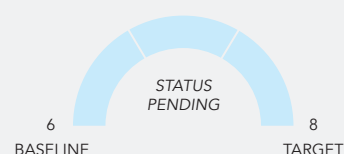
MILESTONES

Number of countries in each phase of the sustainability assessment process



0 Training, mission, visit and other type of technical support provided

INDICATOR



Number of MS that have undergone a national analysis of influenza vaccine procurement or production sustainability

HIGHLIGHTS

- Sustainability assessments allow countries to sustain local production (where applicable) and encourage national procurement of seasonal influenza vaccines with the goal of increasing pandemic preparedness.
- Since the assessments started in 2014, 7 have been completed. In this reporting period, one country agreed to undertake an assessment, one started with a kick-off meeting, and 2 finalized and published their assessment reports.
- The assessment provides a platform for multiple sectors, including health, industrial and economic, to identify opportunities for better coherence and coordination among policies and programmes that would enable sustainable production/procurement of influenza vaccines.

Deliverable C activities are supported by US HHS through Cooperative Agreement GH14-1420 between US CDC and WHO. PIP funds were not used to date.

Influenza Pandemic Preparedness Planning

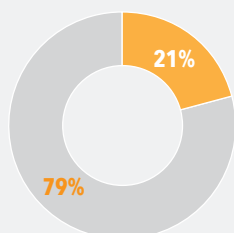


BIENNIAL BUDGET: **\$2.3M** | IMPLEMENTED: **\$475K**

OUTPUT: **National pandemic influenza preparedness & response plans are updated in the context of all-hazards preparedness and global health security**

DELIVERABLE A

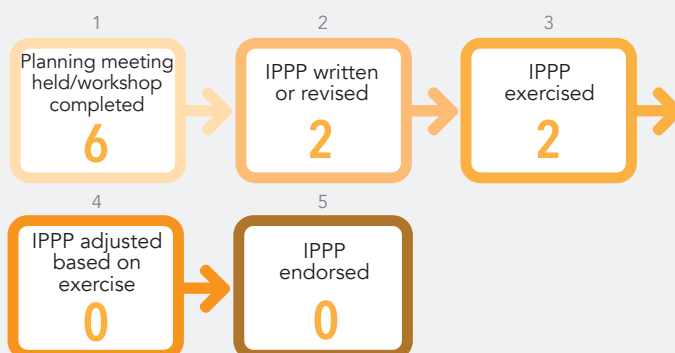
Countries are supported to develop, test and update their pandemic influenza preparedness plan



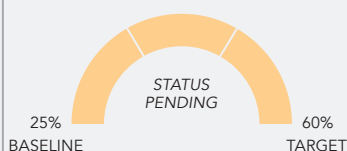
\$475K
IMPLEMENTED

MILESTONES

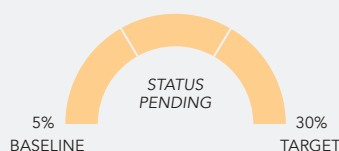
Number of countries in each phase of the IPPP development/revision process



INDICATORS



Proportion of MS that developed or updated a pandemic influenza preparedness plan



Proportion of MS that exercised their pandemic influenza preparedness plan

HIGHLIGHTS

- WHO advises countries to develop pandemic influenza risk management plans that are multi-sectoral and that engage whole-of-society. Plans should be regularly tested and updated to maximize operational readiness.
- 10 countries from 4 regions undertook activities to develop, update or exercise their plans.
- Leveraging other resources, WHO published guidance including essential steps and a checklist for pandemic planning. Training materials and a simulation exercise guide are also being developed. These resources will increase the efficiency of implementation at regional and country level.
- In addition, WHO is conducting (1) a global IPPP survey to assess national pandemic planning needs and (2) an analysis of influenza preparedness plans in the context of other national disease response plans. Findings from the survey and the analysis will inform future support in the context of IHR (2005) core capacities and all-hazard preparedness.

PIP Framework Secretariat

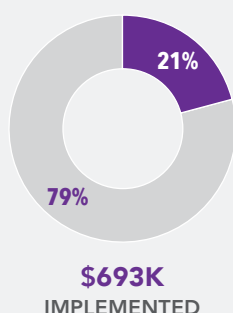
BIENNIAL BUDGET: **\$6.8M** | IMPLEMENTED: **\$1.3M**

OUTPUT: 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



MILESTONES

6 Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework

Status of the Analysis requested by WHA 70(10)



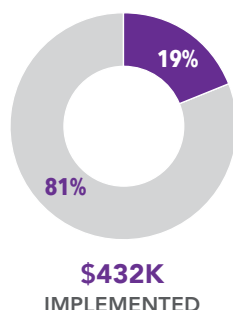
13 Advocacy materials/events completed to promote the PIP Framework to stakeholders

HIGHLIGHTS

- WHO developed 7 Fact Sheets that concisely present basic information about specific topics related to the Analysis such as Biosafety & biosecurity, GSD and Databases, and New Technologies. For more information see http://www.who.int/influenza/pip/Documents_WHA70108b/en/
- WHO worked closely with the PIP AG and WHO CCs to develop the draft Analysis on the scope of the PIP Framework.
- Several talks and presentations on PIP were provided to Member States, Academic Institutions, technical gatherings and other fora.

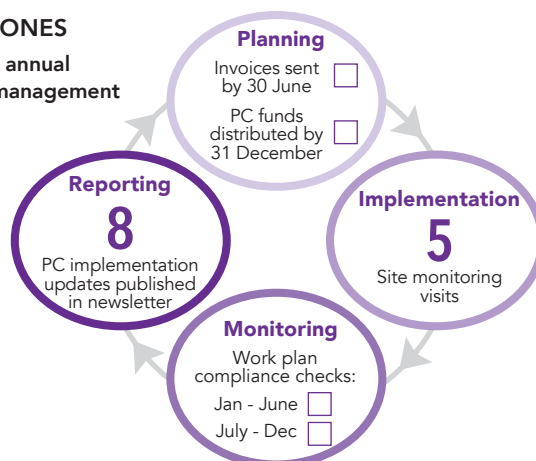
DELIVERABLE B

Collect, implement, monitor and report on the Partnership Contribution

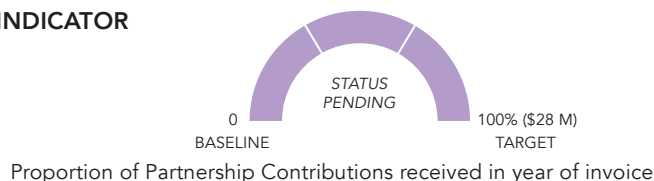


MILESTONES

Status in annual project management cycle



INDICATOR

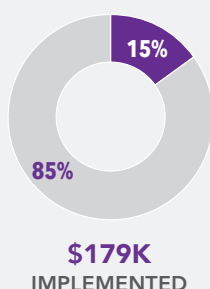


HIGHLIGHTS

- Delays expected in the issuance of 2018 invoices due to revision of documentation and reconciliation of unpaid contributions.
- Monitoring visits were conducted to AFR, AMR, EMR, SEAR and WPR to discuss timely and quality implementation of activities.
- Financial and technical implementation was monitored through monthly coordination calls and financial monitoring reports. The mid-year compliance check to ensure that fund distribution, budgeting and expenditures are compliant with approved workplans will be completed by August 2018.
- "Highlights from the Field" on preparedness and capacity-building activities are published in the online PIP newsletter. See: http://www.who.int/influenza/pip/pip_newsletter/en/

DELIVERABLE C

Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)

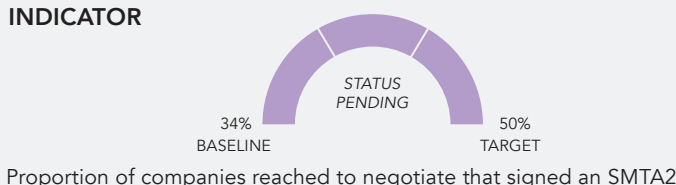


MILESTONES

Number of SMTA2s in negotiation

2 With manufacturers of vaccines and/or antivirals
0 With manufacturers of other pandemic related products
1 With academic & research institutions

INDICATOR



HIGHLIGHTS

- 2 SMTA2s** were concluded with manufacturers between January and June 2018: one with influenza vaccine manufacturer Takeda (8% donation and 2% reserved pricing) and one with influenza diagnostics manufacturer Becton Dickinson (25 million syringe donation).
- For more information on the agreements signed to date and related benefits http://www.who.int/influenza/pip/benefit_sharing_smta2_signed/en/

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**World Health
Organization**

www.who.int/influenza/pip/en