
Pandemic Influenza Preparedness Framework

PROGRESS REPORT

1 January 2018 – 30 June 2019



18-month report for the 2018-2019 biennium



World Health
Organization

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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. The PIP PC funding model is described in *HLIP II, Section 6*.

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. The report is published four times a biennium. Technical and financial implementation for HLIP II and the PIP Secretariat are presented. Milestones are collected every six months and indicators are collected yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2018.

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 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 work.

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 – 18)
- **Financial report including ICFS - Annex A** (*reported annually only*)

For previous reports, see https://www.who.int/influenza/pip/partnership_contribution/en/

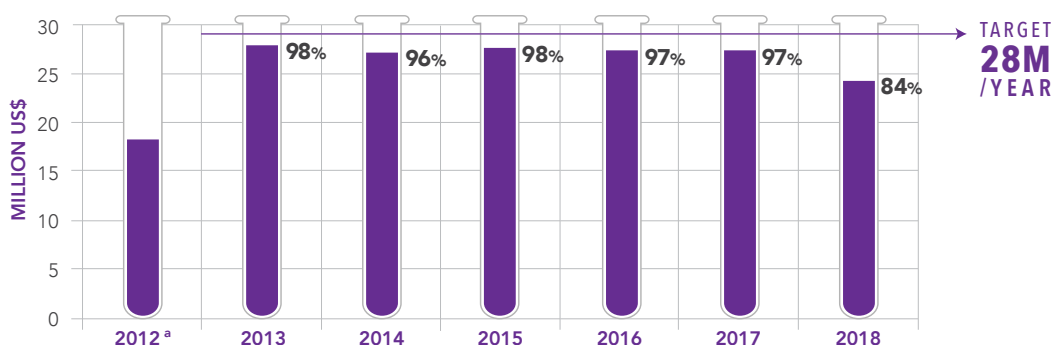
ACRONYMS & ABBREVIATIONS

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
DEP	Planning for Deployment	PIVI	Partnership for Influenza Vaccine Introduction
DFID	Department for International Development (United Kingdom)	PQ	Prequalification
DG	Director-General	PSC	Programme Support Costs
EB	Executive Board	PV	Pharmacovigilance
EMR	WHO Eastern Mediterranean Region	QMS	Quality Management Systems
EQAP	External Quality Assessment Programme	RCCE	Risk Communications and Community Engagement
EUR	WHO European Region	REG	Regulatory Capacity Building
GBT	Global Benchmarking Tool	RO	Regional Office
GIP	WHO Global Influenza Programme	RRT	Rapid Response Teams
GISRS	Global Influenza Surveillance and Response System	RS	Regulatory Systems
GSD	Genetic Sequence Data	SAGE	Strategic Advisory Group of Experts
HAI	Human Animal Interface	SARI	Severe Acute Respiratory Infection
HLIP	High-Level Implementation Plan	SEAR	WHO South-East Asia Region
ICFS	Interim Certified Financial Statement	SFP	Shipping Fund Project
IDP	Institutional Development Plan	SMTA2	Standard Material Transfer Agreement 2
ILI	Influenza-like Illness	TAG	Technical Advisory Group
IPPP	Influenza Pandemic Preparedness Planning	TOR	Terms of Reference
ISID	International Society for Infectious Diseases	UNICEF	United Nations Children's Fund
ISST	Infectious Substances Shipping Training	US CDC	United States Centers for Disease Control and Prevention
IVPP	Influenza Virus with Pandemic Potential	US HHS	United States Department of Health and Human Services
IVTM	Influenza Virus Traceability Mechanism	VCM	Vaccine Composition Meeting
L&S	Laboratory and Surveillance Capacity Building	WER	Weekly Epidemiological Record
LMIC	Low and Middle Income Countries	WHA	World Health Assembly
MA	Marketing Authorization	WPR	WHO Western Pacific Region
MS	Member State	WHO	World Health Organization
NIC	National Influenza Centre		

IMPLEMENTATION OVERVIEW

PIP PC collection (As of 30 June 2019)

PERCENTAGE OF TOTAL PC RECEIVED BY YEAR OF INVOICE



^a In 2012, contributions were made voluntarily

^b Figure includes PSC. PC collection for previous unpaid contributions and 2018 invoices is in process

\$178M

CONTRIBUTED BY INDUSTRY^b

PIP PC financial implementation (As of 30 June 2019)

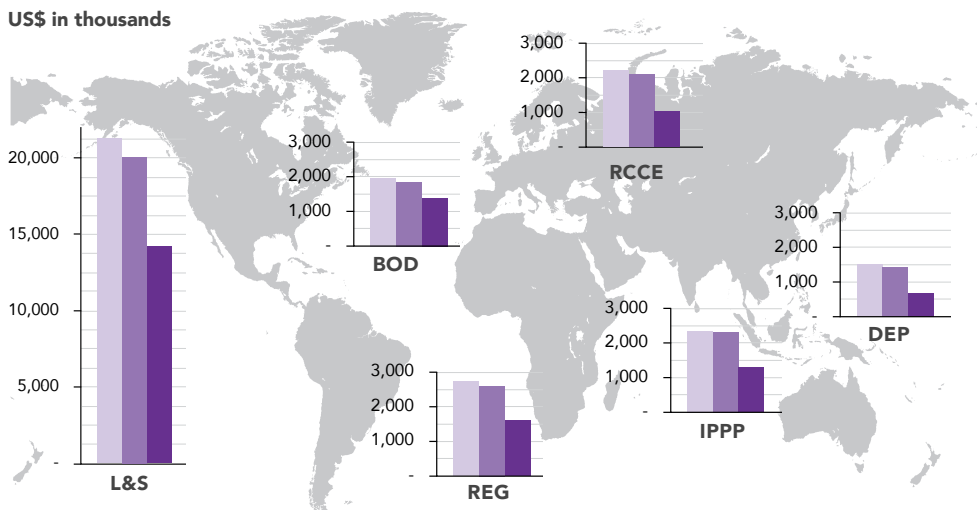
PREPAREDNESS

2018-2019 BIENNIAL BUDGET: **\$32.1M**

FUNDED: **\$30.5M**

IMPLEMENTED: **\$20.2M**

IMPLEMENTATION BY HLIP II OUTPUT US\$ in thousands



PIP SECRETARIAT

BIENNIAL BUDGET: **\$6.8M**

FUNDED: **\$5.2M**

IMPLEMENTED: **\$3.5M**

RESPONSE

TOTAL IN RESERVE
(WITH PSC & 2018
INTEREST): **\$48M**

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	2019 Status	2019 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=4)	N/A	- Pending - Indicators are reported annually	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator) (N=37)	84%		≥85%
% of PC recipient Member States reporting to FluID (N=37)	51%		60%
% of Member States with BOD estimates considered by NITAG (N=19)	N/A		30%
No. of PC recipient Member States that have implemented regulatory approach	0		10
% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=40)	30%		60%
% vaccine-producing companies that signed an SMTA2 (N=32)	34%		50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	N/A		100%

PIP Biological Materials^a shared

PIP BMs RECORDED IN IVTM



FROM 1 SEPTEMBER 2017 TO
30 JUNE 2019:

545

VIRUS SUBTYPES RECORDED:
A(H1), A(H3), A(H5), A(H6), A(H7), A(H9)



TOTAL SINCE 1 DECEMBER 2012:

1205

PIP BMs RECORDED

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

SMTA2

SMTA2 WITH VACCINE & ANTIVIRAL MANUFACTURERS SINCE 2013

Large / multi-national
manufacturers

>75M

pandemic production



Medium-sized
manufacturers

>5M and <75M

pandemic production

NEW: 1 additional SMTA2
signed since 1 January 2019



Small
manufacturers

<5M

pandemic production



>400M

DOSES

SMTA2 WITH DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



10M

TREATMENT COURSES OF
ANTIVIRALS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



70

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS

NEW: 4 additional
SMTA2 signed since
1 January 2019



29

BENEFIT-SHARING OFFERS
ACADEMIC & RESEARCH
INSTITUTIONS

PIP Framework governance

The final text of the Analysis on approaches to seasonal influenza and genetic sequence data (GSD) under the PIP Framework, requested by WHA70 (May 2017), was submitted to the January 2019 Executive Board as part of a broader report by the Director-General on implementation of the PIP Framework. The report contained a draft decision for consideration of WHA72. The EB requested WHO to facilitate intersessional work to further advance discussions on the draft decision.



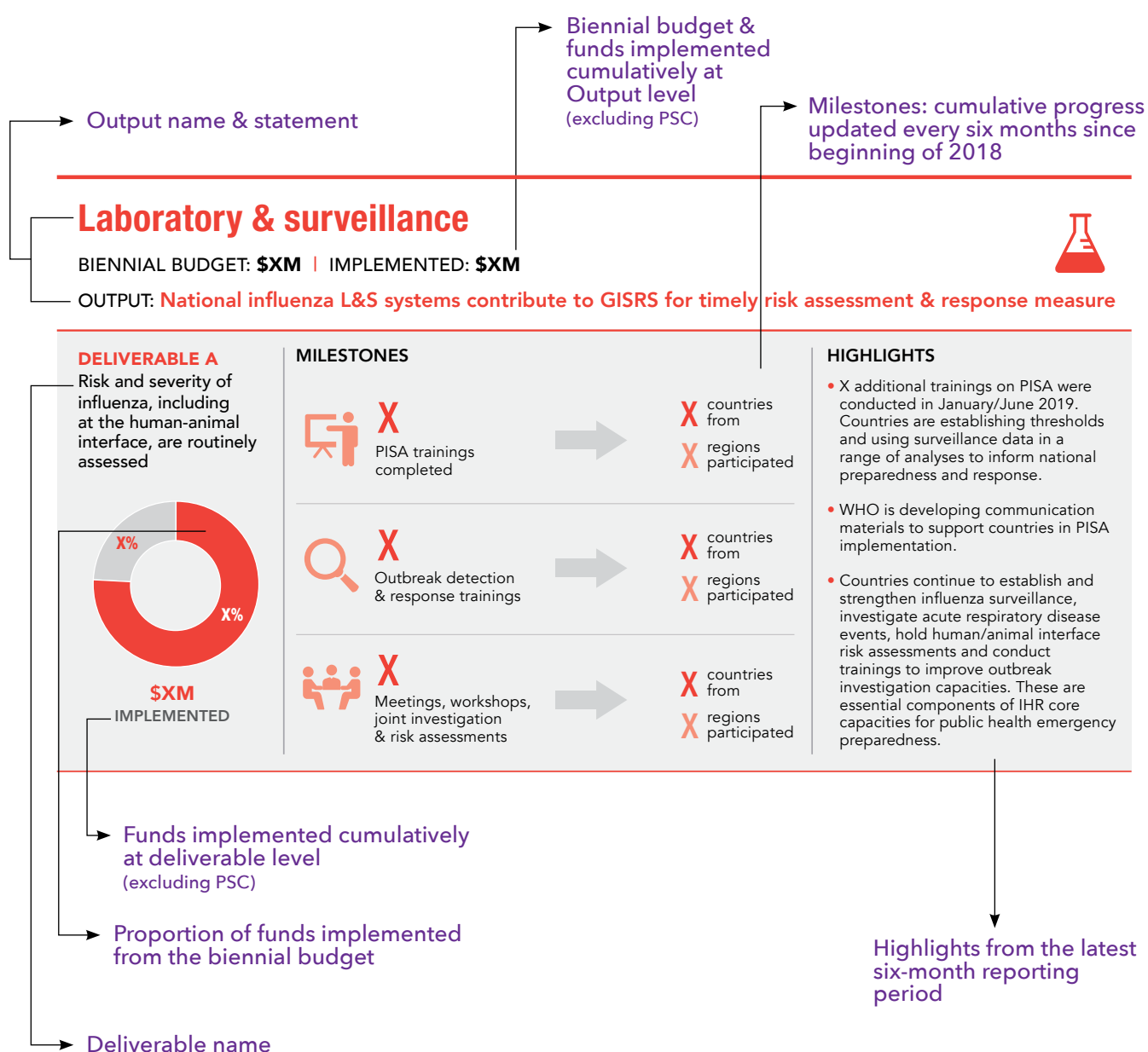
On 11 March 2019, WHO held an information session for Member States and relevant stakeholders, as well as an informal consultation for Member States to advance work on the draft decision. An additional five informal consultations for Member States were held prior to WHA72 to advance consensus on the draft decision. At WHA72 Member States adopted a decision that requests, inter alia, WHO to gather further information on the sharing of influenza viruses and the handling of influenza GSD. The decision also amends PIP Framework Annex 2 'SMTA 2', Footnote 1 with a view to helping ensure continued fairness and equity in the implementation of the PIP Framework's access and benefit sharing system.

IMPLEMENTATION PROGRESS

NOTE TO READERS

Readers are strongly encouraged to read the Output Reading Guide below which provides clarity on the data reported.

OUTPUT READING GUIDE



Laboratory & surveillance

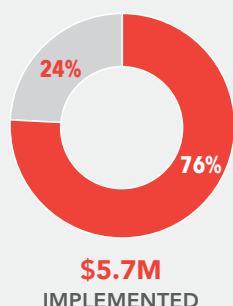


BIENNIAL BUDGET: **\$21.3M** | IMPLEMENTED: **\$14.2M**

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



15
PISA trainings completed



87 countries from
5 regions participated



132
Outbreak detection & response trainings



58 countries from
6 regions participated



90
Meetings, workshops, joint investigation & risk assessments



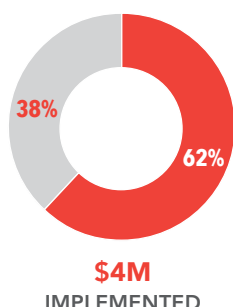
91 countries from
6 regions participated

HIGHLIGHTS

- 6 additional trainings on PISA were conducted in January/June 2019. Countries are establishing thresholds and using surveillance data in a range of analyses to inform national preparedness and response.
- WHO is developing communication materials to support countries in PISA implementation.
- Countries continue to establish and strengthen influenza surveillance, investigate acute respiratory disease events, hold human/animal interface risk assessments and conduct trainings to improve outbreak investigation capacities. These are essential components of IHR core capacities for public health emergency preparedness.

DELIVERABLE B

Quality influenza virus detection capacity is sustained



MILESTONES



98
Laboratory trainings, missions and visits completed



91 countries from
6 regions participated

2019 EQAP status

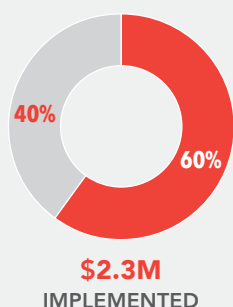
- 1 Contract signed
- 2 EQAP sent out
- 3 Results received
- 4 Results shared with participating laboratories
- 5 Results published in WER

HIGHLIGHTS

- In January-June 2019, WHO recognized NICs in 3 countries (Bolivia, Dominican Republic and Haiti) in addition to the 142 already recognized NICs. The total number of NICs will be updated during WHO's process to review NIC performance.
- The 2019 EQAP panel was sent to countries in May 2019. EQAP is used to monitor, sustain and drive improvements in virus detection capacity.
- An additional 34 missions were conducted in January-June 2019 to provide laboratory technical training, QMS mentoring and NIC pre-assessment/designation support.

DELIVERABLE C

Countries are supported to consistently report influenza data to global platforms



MILESTONES



11
Regional meetings held to improve global surveillance systems



141 countries from
6 regions participated



484
Trainings, missions & other types of support for surveillance provided



112 countries from
6 regions participated



351
Regional bulletins published



5 regions involved

HIGHLIGHTS

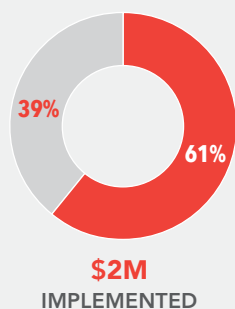
- Countries with newly established influenza surveillance in 2 regions were supported to commence virological and epidemiological data reporting to regional and global platforms.
- Regions continue to publish surveillance bulletins that report on influenza activity including intensity, spread, severity, virus detections and characteristics. This feedback facilitates decision-making as well as continuous surveillance system improvements.
- To facilitate country influenza data reporting, global and regional platforms are routinely updated to improve data management capabilities, user acceptability and outputs.



Laboratory & surveillance

DELIVERABLE D

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



MILESTONES



13

Trainings on infectious substance shipping completed



51

countries from

4

regions involved



410

Shipments made using the SFP



112

countries from

6

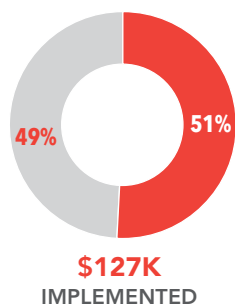
regions participated

HIGHLIGHTS

- 18 countries in 3 regions conducted trainings in infectious substance shipping in January-June 2019 to certify shippers. Having certified shippers in country laboratories is critical in case of emergence of a novel virus that needs to be shared and characterized rapidly.
- 93 countries made 142 shipments of influenza viruses/clinical specimens to WHO CCs in January-June 2019. This includes 2 countries that made shipments from national laboratories for the first time ever. Regular and timely virus sharing facilitates the work of GISRS in global risk management.

DELIVERABLE E

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



MILESTONES



20

Protocols and guidance updated, including translations



3

Vaccine Composition Meeting consultations completed

2

new CVVs proposed in latest VCM

HIGHLIGHTS

- 2 new CVVs (H5N6 and H7N4 viruses) were proposed during the February 2019 vaccine composition consultations. Continued selection and development of CVVs is essential for global pandemic preparedness as zoonotic influenza viruses continue to be identified and evolve both genetically and antigenically.
- Key WHO guidance documents on virus sharing and outbreak investigation¹ were translated and shared with countries to facilitate utilization.

¹ See https://www.who.int/influenza/gisrs_laboratory/ivpp_sharing_guidance/, https://www.who.int/influenza/gisrs_laboratory/seasonal_sharing_guide/ and https://www.who.int/influenza/resources/publications/outbreak_investigation_protocol/

Burden of Disease

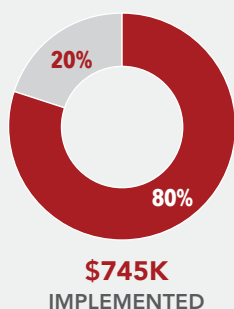


BIENNIAL BUDGET: **\$2M** | IMPLEMENTED: **\$1.4M**

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

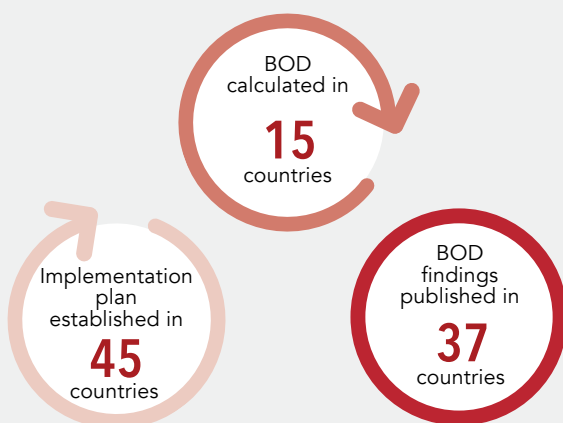
DELIVERABLE A

Representative national, regional and global disease burden estimates are available



MILESTONE

Number of countries in each burden of disease estimate development stage

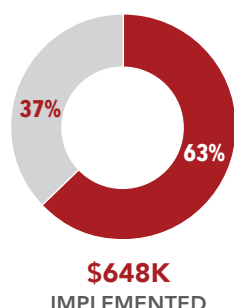


HIGHLIGHTS

- Countries are encouraged to publish their findings and to share their data to inform regional/global estimates.
- 2 additional countries published BOD findings for the first time, bringing the total to 37 countries globally of which 19 are LMICs.
- 5 more countries finished calculating national BOD estimates of which all are LMICs. One additional country updated its estimate in 2019.
- Work continues with US-CDC to estimate global influenza-associated hospitalization burden. To date, 37 countries, including 14 LMICs, have shared their data to inform this estimate.
- WHO is working on an influenza pyramid tool to enable countries with limited data to estimate the comprehensive influenza burden. In June 2019, a WHO consultation was held with technical experts and Member States and consensus was reached for the development of the tool.

DELIVERABLE B

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



MILESTONE



15
countries

Shared/communicated BOD estimates to decision-making bodies

HIGHLIGHTS

- 11 additional countries, 10 from the Americas and one from the Western Pacific Region, shared BOD estimates with decision-making bodies including one country that shared its economic burden results. Information was shared with MOH authorities and/or medical associations.
- A WHO consultation was held to discuss the guidance needed for countries in the decisional process for influenza policy. Member States, academics and technical experts shared lessons learnt and ideas for ways forward. Participants highlighted the importance to ensure national BOD data are available when opportunities arise (e.g. outbreak, unexpected event, media attention, etc.). A toolkit to direct the use of BOD data for decision in influenza disease prevention and mitigation strategies will be developed.

Regulatory capacity building

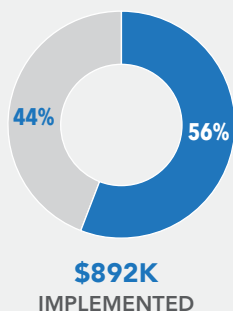


BIENNIAL BUDGET: **\$2.7M** | IMPLEMENTED: **\$1.6M**

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

DELIVERABLE A

National regulatory capacity for pandemic influenza products is strengthened



MILESTONES



17

Refinements made to WHO Global benchmarking tool



2

Countries WHO benchmarked



3

Countries self-benchmarked



6

IDP follow-up visits



4

countries from
1 region



16

IDP implementation & technical support activities



20

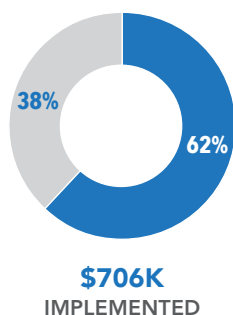
countries from
6 regions

HIGHLIGHTS

- Based on the result of WHO benchmarking using GBT, regulatory capacities (RS, MA, PV) of one additional PIP priority country increased in both percentage of implementation and maturity levels. This achievement was the result of five years of WHO support and country efforts. Two other countries conducted self-benchmarking in anticipation of future external WHO benchmarking missions.
- Regulators from 10 countries were placed at stringent NRAs to observe processes and incorporate relevant practices into their own regulatory functions. This capacity-building approach through mentoring also facilitates collaboration and networking between NRAs which is critical for global preparedness.
- The computerized GBT was enhanced and released as version 12.0 to improve user-acceptability and assessment consistency.
- A systematic literature review is underway on the safety profile of influenza vaccines used in countries to update the information sheet about observed rates of influenza vaccine reactions. The WHO information sheets are used to inform routine immunization programmes, vaccine introduction initiatives and risk communication during emergencies.

DELIVERABLE B

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



MILESTONES



WHO regulatory preparedness guidelines translated to

5

languages



6

Workshops/trainings conducted to implement the PIP regulatory guidelines linking national IPPP & NVDP for pandemic influenza vaccines



46

countries from
6 regions

HIGHLIGHTS

- Regulatory pathways to accelerate approval of products during emergencies include PQ and CRP. WHO continues to advocate and raise knowledge among regulators about these approaches.
- 17 countries, including 10 targeted by PIP, participated in a CRP meeting in May 2019. Regular meetings to streamline and build confidence in CRP is critical for MA of influenza products now and during a future pandemic.
- Planning is underway to support 18 countries from three regions to implement their regulatory approach for timely approval of pandemic influenza products and to link it to other components of IPPP. This will be completed by December 2019.

Risk Communications & Community Engagement

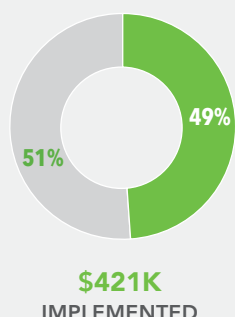


BIENNIAL BUDGET: **\$2.2M** | IMPLEMENTED: **\$1M**

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



MILESTONES



16

Influenza guidance/courses available on OpenWHO



16

OpenWHO advocacy & marketing events



4

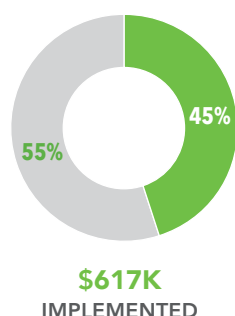
RCCE factors mapped in **5** priority countries

HIGHLIGHTS

- A global consensus on meeting country RCCE technical needs was reached by WHO regional RCCE leads in May 2019. The path forward included prioritizing resources required to enhance RCCE preparedness and response for countries. The adaption and roll out of the European 5-step package² were deemed relevant in all regions for countries to strengthen this IHR core capacity.
- The Risk Communications Essentials online courses were translated and made available in 2 languages (French, Portuguese) to facilitate uptake in different countries.
- Funded by other sources, OpenWHO.org now contains modules on Incident Management System in 5 languages to support countries in establishing the procedures for coordinating emergency response including pandemic influenza. OpenWHO has now become an enterprise system.

DELIVERABLE B

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



MILESTONES



12

Trainings, missions and other type of technical support provided involving



66

countries from
6 regions participated

Implementation of global partnerships & networks for effective RCCE capacity

26

Partners identified

26

Partners contacted

6

Plans of action developed

4

Evidence of approach alignment available

HIGHLIGHTS

- In May 2019, 13 African countries were supported to elaborate the RCCE component of their IPPP. WHO is supporting these countries to complete and test these plans.
- Discussions were held with 11 SEAR country IHR focal points to prioritize and plan RCCE activities in 2020-2021. RCCE was the top request for technical assistance among the 11 SEAR countries represented. The high level commitment to RCCE will facilitate strengthening of this IHR core capacity.
- In collaboration with BMGF and other stakeholders, WHO is developing minimum quality standards and indicators for community engagement. This will facilitate a common approach to all-hazards preparedness and response including pandemic influenza.

² Emergency risk communication (ERC) 5-step capacity-building package. WHO Regional Office for Europe, Copenhagen Denmark. <http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>

Planning for Deployment

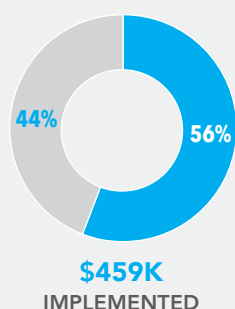


BIENNIAL BUDGET: **\$1.5M** | IMPLEMENTED: **\$701K**

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



2

PIP Deploy refinements to facilitate planning, allocation and coordination



11

Advocacy meetings for a common approach completed



71

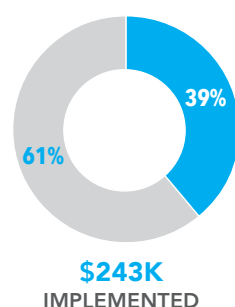
countries from
6 regions

HIGHLIGHTS

- 17 countries from 2 regions participated in PIP Deploy Gaming Exercises to test the 'pandemic cascade' model from country vaccine request to vaccine administration. More countries from 3 regions are expected to conduct the exercise by December 2019 to help review and improve their NVDPs.
- WHO is scoping the criteria needed to support pandemic vaccine allocation decision-making and developing an overarching framework for managing deployment operations. This will form the basis for having a common approach to manage global deployment operations and will lead to the development of relevant SOPs with stakeholders.

DELIVERABLE B

National deployment planning process is revised and updated



MILESTONES



5

Global guidance tools revised



8

Trainings, missions, visits & other types of technical support provided to update NVDP



28

countries from
4 regions

HIGHLIGHTS

- Technical support on NVDP development was provided to 18 LMICs including 6 countries that did not receive donated vaccines during 2009 pandemic. Countries are encouraged to link NVDPs to their IHR (2005) National Action Plan for Health Security or to seasonal influenza systems to facilitate a sustainable systems-approach for deployment of products at the time of a pandemic.
- Infographics to assist countries update their deployment plans were translated into 2 UN languages (Russian, French). This will facilitate update of WHO guidance.

DELIVERABLE C

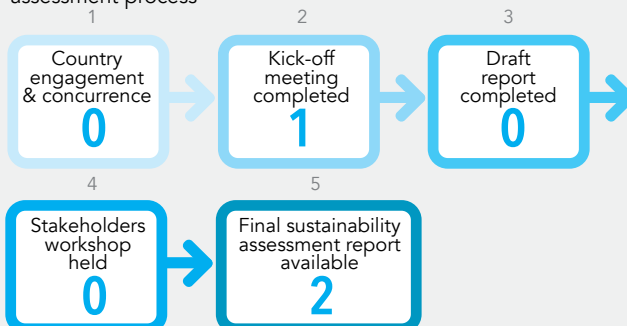
Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries

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

Milestone/indicator reporting continues as this Deliverable is within HLIP II scope and PC funds may be used in future.

MILESTONES

Number of countries in each phase of the sustainability assessment process



2

Trainings, missions, visits & other types of technical support provided



42

countries from
5 regions

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.
- Advocacy meetings were held in 2 countries to discuss sustainable production/procurement and target groups in the context of pandemic preparedness.
- In alignment with RCCE (output 4), WHO convened HQ and regional office stakeholders; mapped internal activities on influenza vaccine acceptance and demand; and identified priorities and action items to improve the development of evidence-based influenza immunization programmes.
- In collaboration with PIVI, 3 countries are piloting the manual for influenza immunization of health workers.

Influenza Pandemic Preparedness Planning

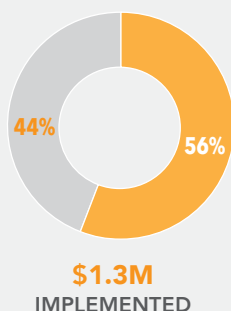


BIENNIAL BUDGET: **\$2.4M** | IMPLEMENTED: **\$1.3M**

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

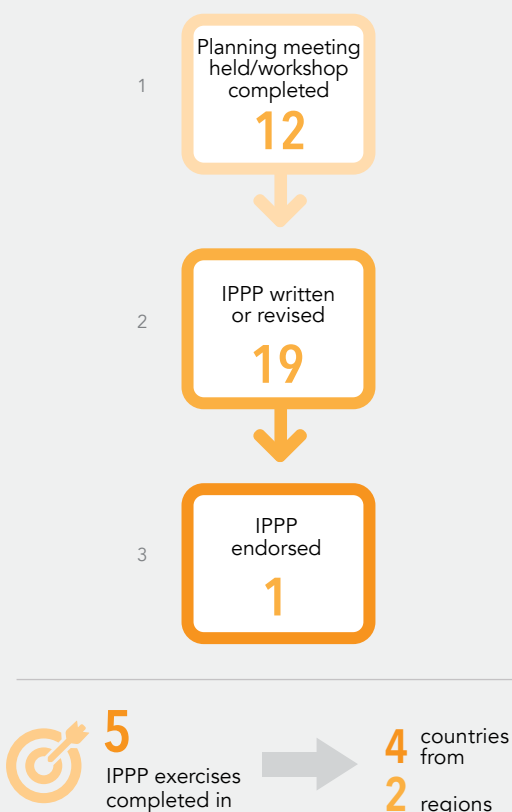
DELIVERABLE A

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



MILESTONES

Number of PC recipient MS currently developing/ revising their IPPP



HIGHLIGHTS

- Countries are at different stages and are taking various approaches in updating their IPPPs. Approaches include integrating influenza plans within broader multi-hazards plans, engaging sub-national authorities early in the IPPP development process, establishing technical working groups to elaborate sections such as risk communications or hospital preparedness, and involving different sectors as well as NGOs in the planning process.
- 1 country finalized its plan which was officially endorsed to facilitate pandemic preparedness actions. 14 additional countries wrote/revised their plans in January-June 2019. Several countries are planning to conduct exercises to test components of their plans in 2019.
- WHO conducted a Member State survey on pandemic influenza preparedness and the report was published in June 2019. Priorities identified through the survey involving 104 countries include developing plans for non-pharmaceutical interventions and managing excess mortality during a pandemic.
- 2 regions conducted in-depth reviews of existing national plans and provided recommendations to enhance preparedness. Key recommendations included the need for more defined response actions and better description of links and roles of different sectors and agencies during a pandemic.
- WHO continues to provide technical guidance to support countries in updating and exercising their plans. This includes preparation of simulation exercise scenarios to test IPPPs and developing guidance on use of non-pharmaceutical interventions during an influenza pandemic.

PIP Framework Secretariat

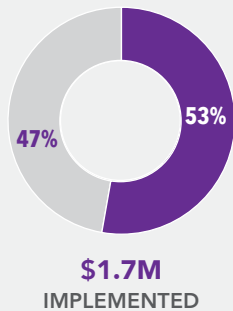
BIENNIAL BUDGET: **\$6.8M** | IMPLEMENTED: **\$3.5M**

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



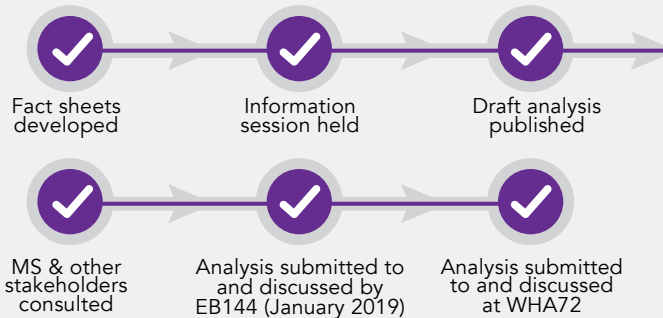
MILESTONES



14

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)



49

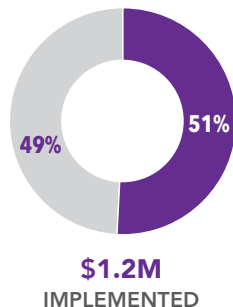
Advocacy materials/events completed to promote the PIP Framework to stakeholders

HIGHLIGHTS

- WHA72 (May 2019) adopted a decision requesting WHO to carry out further work on issues related to influenza virus sharing and genetic sequence data. The decision also includes the first amendment to the PIP Framework (Footnote 1, Annex 2 "SMTA2") which will help ensure continued fairness and equity in the implementation of the PIP Framework access and benefit sharing system.
- An information session, a mission briefing, and six informal consultations for Member States were held to help prepare for WHA72 discussions.
- The PIP Advisory Group met from 12-15 March 2019. Its meeting report which included several recommendations, was accepted by the Director-General.³

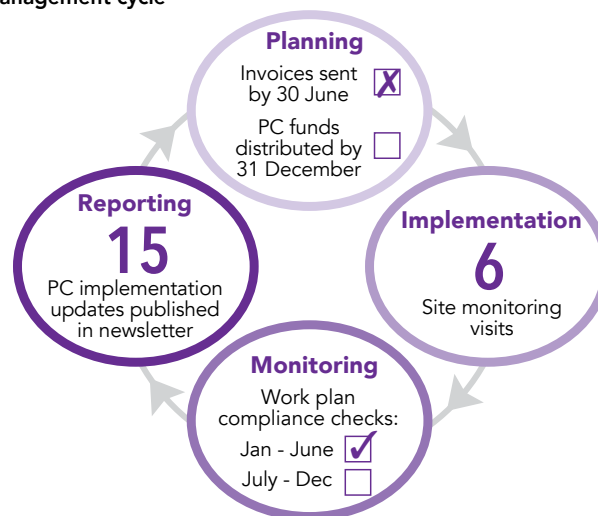
DELIVERABLE B

Collect, implement, monitor and report on the Partnership Contribution



MILESTONES

Status in 2019 project management cycle

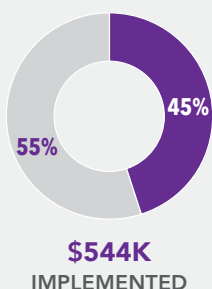


HIGHLIGHTS

- PC 2019 invoices were issued to 39 manufacturers in July 2019, which is earlier than in previous years. This will enable more timely collection of funds in the year of invoice.
- 15 'Highlights from the Field' were published in the Influenza Newsletter 2019 only, to share PIP's country impact and first-time successes. One notable story was South Sudan's establishment of influenza sentinel surveillance, laboratory testing capacity and reporting of results to global surveillance platforms.
- Workplan development for 2020-2021 commenced in February 2019. Workplans are built on 2018-2019 achievements, coordination with other influenza investments and coherence at the global, regional and country level. The workplans are expected to be approved in November 2019.

DELIVERABLE C

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



MILESTONES

Number of SMTA2s in negotiation



With manufacturers of vaccines and/or antivirals



With manufacturers of other pandemic related products



With academic & research institutions

HIGHLIGHTS

- 5 SMTA2s were concluded between January-June 2019. One with the influenza vaccine manufacturer KM Biologics (8% donation and 2% reserved pricing), and four with the following academic institutions: Pennsylvania State University, University of South Dakota, Cornell University and the University of Alabama at Birmingham.
- In total, 13 SMTA2s have been concluded with manufacturers of vaccines and/or antivirals, 2 with manufacturers of other pandemic related products, and 70 with academic and research institutions, to date.

³ PIP Advisory Group meeting reports can be found here: https://www.who.int/influenza/pip/pip_meetings_consultations/en/

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