

Pandemic influenza
preparedness framework:
**Partnership
Contribution High-Level
Implementation Plan III
2024–2030**

At a glance



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How is HLIP III implemented?



View the full HLIP III document →

Why is pandemic influenza preparedness important?

An influenza pandemic is certain – the only question is when...

The COVID-19 pandemic exposed the world to the profound and far-reaching consequences a pandemic can have on:



Health systems



Economies



Societies

Although COVID-19 is foremost in our memories, there have been

4 influenza pandemics in the past 100 years

The risks of influenza viruses are well-known and **constant mutations in their genome pose a continual threat** to humanity.

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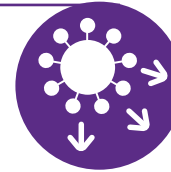
What is the Pandemic Influenza Preparedness (PIP) Framework?

An ambitious, innovative and collaborative model for public health.

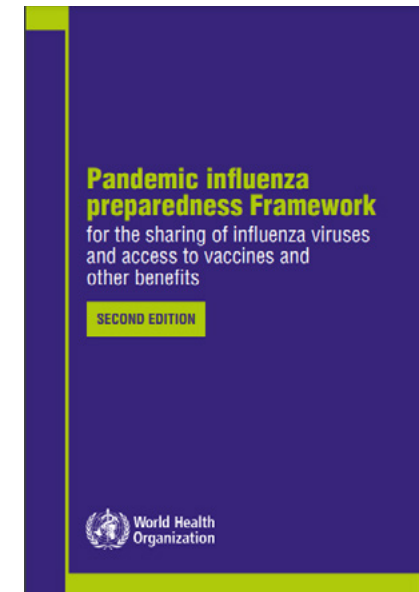
Objective

Adopted by the Sixty-fourth World Health Assembly in May 2011, this international arrangement aims to support countries to be better prepared for the next pandemic, by improving:

the sharing of influenza viruses with human pandemic potential



equitable access to vaccines and other pandemic response products through the sharing of benefits



Click to view the PIP framework



This partnership brings together WHO Member States, Global Influenza Surveillance and Response System (GISRS) laboratories, industry, and civil society, working together to improve pandemic influenza preparedness and response



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How does the Partnership Contribution (PC) work?

The PC is one element of the PIP Framework's benefit sharing system that works as follows:



Each year, manufacturers who use the **WHO Global Influenza Surveillance and Response System (GISRS)** contribute funds to WHO.

US\$ 28 million
per annum



Called the **Partnership Contribution**, or PC, these funds are used for both pandemic preparedness and response as well as to support the functions of the PIP Secretariat.

How are PC funds allocated for pandemic influenza preparedness capacity building?



This third implementation plan (HLIP III) details the **use of PC preparedness funds for 2024–2030**, incorporating lessons learned from HLIP I (2014–2017), HLIP II (2018–2023), and COVID-19.

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What is the third high-level implementation plan (HLIP III)?

Operating within the scope of the PIP Framework, HLIP III outlines the use of the PC to improve global pandemic preparedness for the period 2024 to 2030. Between 2014 and 2021, PIP PC implementation has supported the following gains:



131 countries either started or improved their laboratory and surveillance systems for participation in GISRS



13 new National Influenza Centres designated by countries and recognized by WHO, bringing the global total to **148** in **124** countries



228 000 online users from over **193** countries engaged with the [OpenWHO](#) online learning platform with **23** influenza-related courses



41 of 48 PC countries developed a regulatory roadmap for timely approval of pandemic influenza products



37 of 63 PC countries updated influenza pandemic preparedness plans, **15** countries tested plans. National deployment and vaccination planning guidance and tools were published and **45** countries were trained



48 countries, including 33 low- and middle-income countries, published burden of disease estimates

The technical and financial investment of countries and other partners play a critical role in advancing pandemic preparedness alongside PC investments. The progress made and successes achieved are a result of collaboration on common objectives.



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The latest plan builds on the groundwork laid by the HLIP I and HLIP II and introduces various new activities:

HLIP III

Emphasis on pandemic influenza preparedness policies and planning to underpin and drive forward capacity strengthening efforts.

Provision of technical assistance and policy guidance to countries, including those establishing capability for improved vaccine technologies.

Increase in the global reach and capacities of GISRS institutions, including through introduction of approaches that facilitate early warning such as through genomic sequencing

Operationalization of enablers for whole-of-society preparedness and response, which includes:

- Engaging different sectors
- Strengthening capacities of scientists, media and multisectoral government officials in knowledge translation
- Articulating role of different multisectoral and multilevel stakeholders in the deployment of pandemic response products

Support for regulatory functions that are essential in pandemic response (e.g. pharmacovigilance).

Expansion of new approaches for social listening and managing false or misleading information.

So future public health and social measures are designed with community attitudes and practice in mind.

Development of multistakeholder operational frameworks for the implementation of Standard Material Transfer Agreements 2. This builds on lessons learned and the new landscape of stakeholders engaged in COVID-19 pandemic product deployment.



HLIP II

HLIP I



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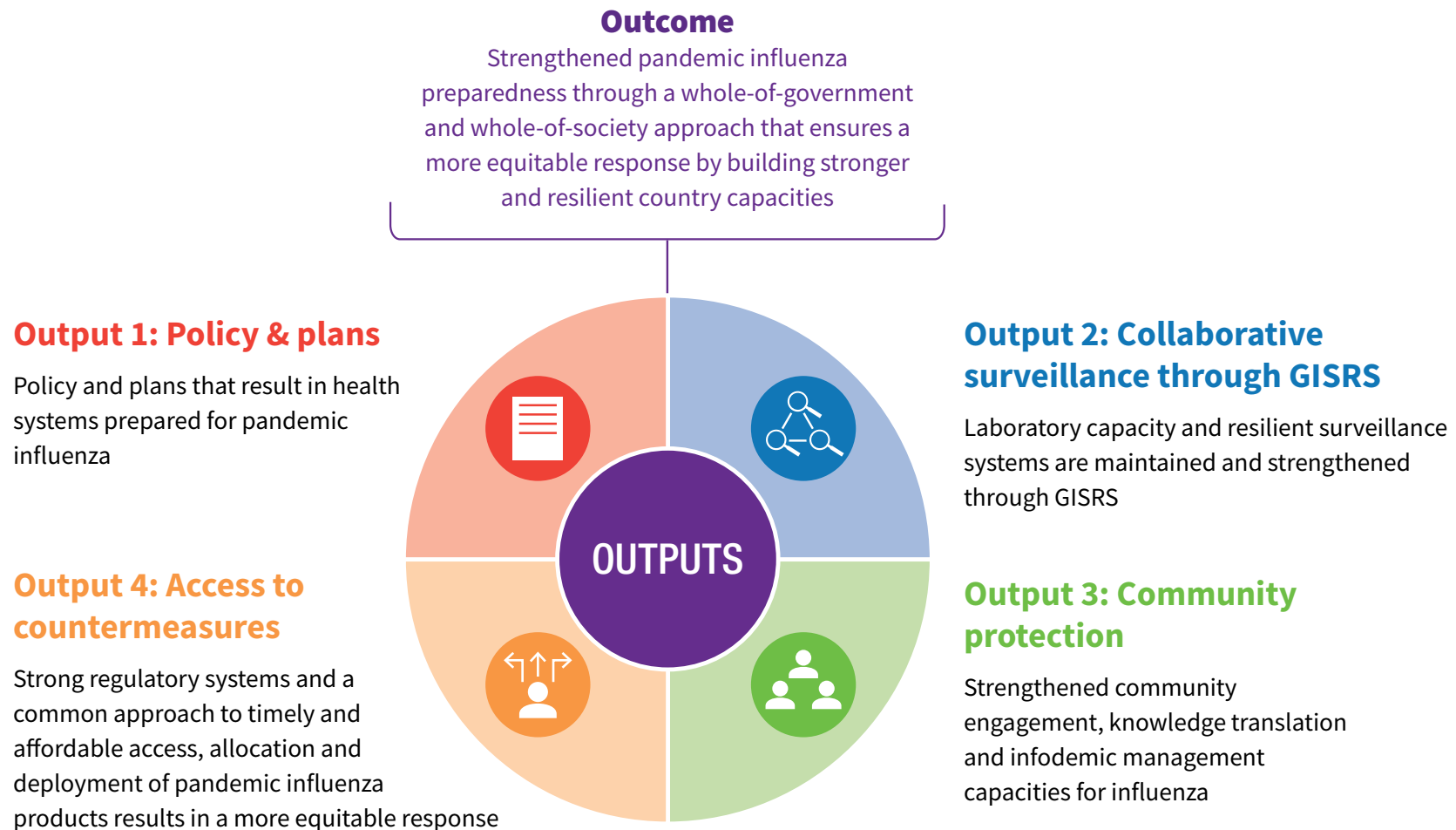
What can be expected in HLIP III?

What are the expected outputs of HLIP III?

How is HLIP III implemented?

What are the expected outputs of HLIP III?

The HLIP III has one overall outcome, supported by four outputs. Each output has a corresponding set of deliverables, which are achieved through implementation of activities. Milestones and indicators have been identified to help measure progress made across each output.



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Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza. HLIP III supports countries to have:

Deliverable
A

health and economic
influenza burden of disease
estimates that inform health policy

Deliverable
B

strengthened influenza
preparedness policies in the context of health systems

Deliverable
C

pandemic preparedness plans that are developed, updated and exercised across sectors

Deliverable
D

equitable and sustained availability of pandemic influenza vaccines and other products

When it comes to a crisis, if you don't have a system in place, you can't have equity.



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Output 2: Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS. HLIP III will enable countries to:

Policies that oblige or allow countries to continue surveillance on the emergence of new pathogens, not only human but also in animals, should be considered, and maintaining this surveillance is key to alertness in what could be a very complex situation.

Deliverable
A

strengthen **laboratory capacities**, including genomics

Deliverable
B

improve and maintain **resilient surveillance systems** across the environment, animal, and human health context (One Health)



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Output 3: Community protection

Strengthened community engagement, knowledge translation, and infodemic management capacities for influenza. HLIP III endeavors that countries:

We need to have the tools to listen to the population and to have the network to make sure that we can convey the right information at the right time in the right format.”

Deliverable

A

enhance and regularly exercise country **risk communication and community engagement** (RCCE) systems and capacities for influenza

Deliverable

B

develop and enhance **knowledge translation** capacity

Deliverable

C

put effective **infodemic management systems** in place



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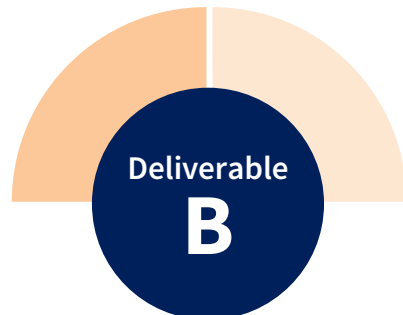
Output 4: Access to countermeasures

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. HLIP III aims to:

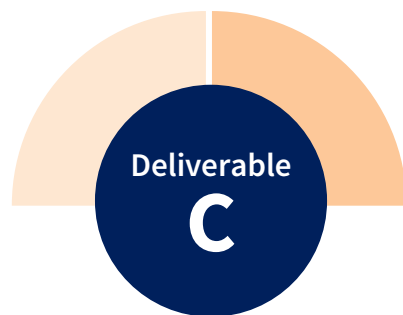
Promoting not only procurement and deployment of medical countermeasures, but development and production in an equitable and global manner has [the] potential to transform influenza pandemic preparedness.”



enhance **regulatory readiness and resilience** in countries



develop a common approach to managing global access, allocation and **deployment of pandemic products** including operationalization of Standard Material Transfer Agreements 2



strengthen **country capacity** to deploy and distribute pandemic products



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For an effective implementation of HLIP III, solidarity among all countries and stakeholders is critical.



Countries, especially Ministries of Health, are key implementers of PC funds and are at the heart of pandemic influenza preparedness.



Industry provides the PC funds and the products needed for influenza prevention, control and response.



Influenza development partners, including academia, foundations, and specialized agencies, support influenza preparedness and response.



GISRS institutions, including National Influenza Centres, are the mainstay of the system for influenza global alert, detection and surveillance and share viruses and other information.



Civil society organizations ensure that country and community needs are equitably met.



Implementation oversight:



Partnership Contribution Independent Technical Expert Mechanism (PCITEM) provides scientific and technical guidance and advice on projects selected for funding under the PIP PC.



The PIP Advisory Group interacts with stakeholders and regularly advises the WHO Director-General.



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Learn more:

Access the full HLIP III document

→ Click to view

Email: pipframework@who.int

Website: <https://www.who.int/initiatives/pandemic-influenza-preparedness-framework>

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