



# PIP@10

CELEBRATING A DECADE  
OF IMPLEMENTATION



World Health  
Organization



# What is the PIP Framework?

## A brief history

### 2004

The H5N1 avian influenza outbreaks motivated WHO Member States to create a new system to strengthen pandemic preparedness and increase the equitable access to vaccines when pandemics strike.

### 2007

Member States came together to start negotiating – and interacting with industry, civil society organizations, and other stakeholders – in order to design a unique Framework to ensure rapid sharing of viruses in exchange for a global benefits mechanism.



# 150

GISRS laboratories in over

# 123

countries coordinated  
by WHO

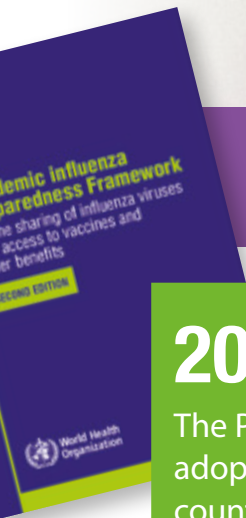
The Framework ensures  
that at least

# 10%

of the global production of  
pandemic influenza vaccines  
will be supplied to WHO

# Rapid identification

and risk assessment  
of new influenza viruses  
with pandemic  
potential



Pandemic Influenza  
Preparedness Framework  
The sharing of influenza viruses  
access to vaccines and  
other benefits  
SECOND EDITION

## 2011

The PIP Framework was unanimously adopted on 24 May 2011 by the 194 countries of the World Health Assembly.

## 2021

**Ten years** since the PIP Framework has been adopted, it has proven to be a landmark platform for improving pandemic preparedness. It has secured real benefits for Member States to help prepare for a pandemic and ensures there will be timely and equitable access to influenza vaccines and other response products during a pandemic.

## Unites

experienced, well-trained and committed staff at institutions and centres across the globe

Contributions from  
industry have totalled

# US\$235m

## Equity

is at the heart of the  
PIP Framework

# So how does PIP work?

The PIP Framework establishes many responsibilities among Member States, WHO, Global Influenza Surveillance and Response System (GISRS) laboratories, and product manufacturers. These include sharing influenza viruses with pandemic potential (IVPP) and contributing to a benefit-sharing system.

## Sharing viruses

PIP relies on countries to share IVPP on a regular and timely basis with GISRS, a WHO-coordinated network of public health laboratories specialized in influenza. The circulating viruses detected are used to develop candidate vaccine viruses for use in vaccine development and to assess the risk of a pandemic. The sharing of viruses is monitored through the Influenza Virus Traceability Mechanism (IVTM), an electronic, internet-based system that records transfers of IVPP into and within GISRS and from GISRS to parties outside. It also allows users access to the results of analyses and tests on these materials.

## Governance

Implementation of the Framework is overseen by the World Health Assembly. The Director-General, supported by an independent Advisory Group (AG), composed of international experts, promote and monitor its implementation. The AG produces an annual report on the functioning of the PIP Framework.

## The benefit sharing system

The PIP Framework establishes two main benefit sharing mechanisms that: 1) help build domestic capacities to respond to pandemic influenza; and 2) ensure critical response products such as vaccines will be provided to countries in need during next influenza pandemic. These are:

- ◆ **The Partnership Contribution, and;**
- ◆ **Standard material transfer agreements**





## The Partnership Contribution

The Partnership Contribution is a mechanism for financing pandemic preparedness activities. It is funded by influenza product manufacturers that pay annual voluntary cash contributions in exchange for using the GISRS network. These are voluntary cash contributions paid annually to WHO. Currently there are six capacity building activities that receive funding. For example, WHO works with countries to strengthen their surveillance and laboratory knowledge and skills so they can rapidly detect new viruses. WHO also works with national regulatory agencies so they can swiftly approve and deploy pandemic vaccines and medicines during a pandemic.

## Standard Material Transfer Agreements

Standard Material Transfer Agreements -2 (SMTA2) are legally binding agreements between WHO and manufacturers and research institutions that receive PIP Biological Materials from GISRS. There have been 91 SMTA2s signed to date. These individually negotiated contracts have one purpose: to ensure that manufacturers commit to share some of their future pandemic response products in exchange for access to the viruses they receive from GISRS. These agreements specify that the promised products will be delivered to WHO in a timely manner when the next pandemic strikes for use in countries that need them and have little or no other means of access to them. By putting these agreements in place now, WHO, Member States, and industry are ensuring that when the next pandemic starts, there is a structured, predictable, fair, efficient, and equitable access to critical, life-saving supplies for all countries.



# Top Achievements

The PIP Framework, a successful partnership with industry and other stakeholders, is proving itself as a model for global cooperation in strengthening preparedness and pandemic response.

Core pandemic influenza preparedness and response capacities in all 6 regions and in over 100 countries have been strengthened through

**US\$235m**

collected to date under the PIP PC.

Standard Material Transfer Agreements are significantly improving the predictability of equitable access to future pandemic influenza vaccines and other products:

The Framework has supported the improvement of national regulatory systems, and helped countries to accelerate the authorisation of pandemic vaccines and other products.

In the event of a pandemic, 10 of every 100 doses of vaccine manufactured (over

**400 million** doses based on current technologies) will be set aside for WHO – and 8 will come to WHO on a donation basis.

Over 10 million treatment courses of antivirals, 250,000 diagnostic test kits, and 25 million syringes will also be available when the next influenza pandemic strikes.



PIP Partnership Funds are strengthening GISRS:

**131** countries have started or improved their laboratory and surveillance systems.

**11** new National Influenza Centres (NICs) have been recognized by WHO.

**1200+** biomedical samples have been shared and dozens of virus sub-types recorded.



OpenWHO, a knowledge transfer platform developed using PIP PC funds, has enrolled 200,000 people in one or more of 22 influenza-related courses and the platform was used extensively for the COVID-19 pandemic.



**40 countries** that received PIP support for pandemic influenza preparedness developed or updated their COVID-19 response plans in 2020; and of those, 35 used these as a basis to develop their COVID-19 vaccine deployment plans.

Since the start of the pandemic, most GISRS National Influenza Centers (>90%) served as the national COVID-19 laboratories – and continue to do so.

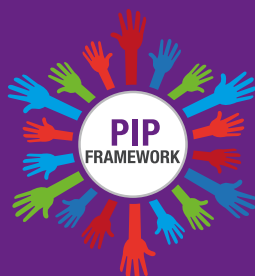
**94%** of PIP target countries for regulatory strengthening authorized COVID-19 vaccines within the first 15 days after WHO listed them for emergency use.

The COVID-19 response has benefited from PIP's country-focused capacity strengthening investments:





**Thank you to all Member States  
& Partners**



**World Health  
Organization**

**Learn more:**

**[www.who.int/initiatives/  
pandemic-influenza-preparedness-framework](http://www.who.int/initiatives/pandemic-influenza-preparedness-framework)**