Pandemic influenza preparedness aims to strengthen national, regional, and global capacities to respond to events that affect all continents, peoples, and sectors. Preparing for the next influenza pandemic requires a collaborative, whole-of-government, and whole-of-society approach. Pandemic flu facts

Historically, pandemics occur 3-4 times each century. It is impossible to predict when the next one will happen.

The virus spreads quickly. Air travel has greatly increased the speed with which the virus can spread.

All people, including pregnant women, children, elderly, chronically ill, and healthy young adults, are at risk.

During each of the four most recent pandemics, between 0.5 and 4.8 percent of global GDP was lost.

About this plan

This High-Level Implementation Plan (HLIP II) will guide the use of WHO's Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC) Preparedness Funds from 2018 to 2023. The plan was developed with input from the PIP Advisory Group, Global Influenza Surveillance and Response System (GISRS), industry, and civil society organizations.

Pandemic influenza deaths estimates

<table>
<thead>
<tr>
<th>Year</th>
<th>Flu Type</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1918</td>
<td>H1N1 virus</td>
<td>40 million</td>
</tr>
<tr>
<td>1957</td>
<td>H3N2 virus</td>
<td>1.1 million</td>
</tr>
<tr>
<td>1968</td>
<td>H3N2 virus</td>
<td>1 million</td>
</tr>
<tr>
<td>2009</td>
<td>H1N1 pdm09 virus</td>
<td>150-575 thousand</td>
</tr>
</tbody>
</table>
What is the PIP Framework?

The WHO PIP Framework is a landmark international arrangement that aims to improve global pandemic influenza preparedness and response. The PIP Framework is an innovative partnership among Member States, industry, civil society and other stakeholders.

The PIP Framework has many components, notably a PIP Benefit Sharing System that includes sustainable financing through PC. Influenza vaccine, pharmaceutical and diagnostic manufacturers that use GISRS, which is the backbone of the PIP Framework, are expected to make an annual financial contribution. These funds amount to US $28 million each year.

Most PC Funds are used to strengthen GISRS by building country, regional and global capacities that are needed to respond to an influenza pandemic. HLIP II outlines how these PC Preparedness Funds will be used to improve global pandemic influenza preparedness and response capacities in 2018-2023.

**Preparedness context**

Preparedness consists of the knowledge, capacities and systems needed to reduce vulnerability and enhance resilience.

PC Preparedness Funds are implemented in synergy with other WHO programmes and initiatives aimed at strengthening preparedness and response capacities. HLIP II will support implementation of the Pandemic Influenza Risk Management (PIRM) guidance (2017). The Plan will also collaboratively benefit the core capacities that countries are required to achieve under the International Health Regulations (IHR, 2005) and build on the momentum countries established for vaccine policy development during the Global Action Plan for Influenza Vaccines (GAP).

**Planning principles**

Allocation of PC Preparedness Funds is guided by planning principles that ensure the limited resources are used efficiently and effectively to improve influenza preparedness and response capacities, and that equity remains at the heart of implementation.

**Effectiveness**

Doing the right things, in the right way, and in the right place to create the maximum impact.

**SMART outputs**

Outs come will be Specific, Measurable, Achievable, Relevant and Time-bound.

**Transparency**

Accountability and use of PC funds will be done transparently.

**Flexibility**

Within planning parameters, funds may be reprogrammed among outputs to maximize achievements.

**Accountability**

WHO will be fully accountable for the use of all PC funds.

**Sustainability**

Implementation will be planned such that Member States can sustain activities.

**Progress: A world better prepared**

During the first HLIP (2013-2017), PC Preparedness Funds ($64 million) contributed to improving many different capacities both globally and in 72 countries spread among WHO’s six regions. The positive impact of PC investments include strengthened capacities to:

- Detect, monitor and share influenza viruses with pandemic potential;
- Provide timely influenza situation analyses and risk assessments;
- Estimate influenza disease burden for evidence-based policy development;
- Facilitate rapid approval and deployment of pandemic influenza products;
- Communicate risk during an influenza pandemic.

**Challenges and way forward**

Nonetheless, the world remains vulnerable and must sustain these efforts to strengthen preparedness. Based on an assessment of gaps and needs, key areas that require continued support include: laboratory and surveillance systems, national policies for influenza control based on burden of disease, capacities for risk communications, ensuring that safe and effective pandemic products are available to countries in a timely manner and are able to be rolled-out quickly, and that countries have updated pandemic plans that support an appropriate response.

HLIP II has been targeted to meet these needs, as outlined in the results hierarchy on the following page. HLIP II indicators are intentionally aligned with those used by other initiatives to improve global pandemic influenza preparedness. This will enable all partners and institutions to show and share in the progress and impact achieved.

**Fund allocation**

PC Preparedness and Response funds are divided into two parts as required under the framework. Response funds are set aside to be used in the time of a pandemic. The allocation of funds among Outputs and to countries and regions is based on principles of need and equity, and may be adjusted over time. The majority of funds are administered by WHO Regional and Country Offices.

<table>
<thead>
<tr>
<th>Annual PC funds</th>
<th>$528 million</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC Secretariat</td>
<td>10%</td>
</tr>
<tr>
<td>PC Preparedness funds *</td>
<td>90%</td>
</tr>
<tr>
<td>PC Preparedness funds *</td>
<td>90%</td>
</tr>
<tr>
<td>PC Response Funds *</td>
<td>10% to 30%</td>
</tr>
<tr>
<td>Outputs 1 and 6</td>
<td>70%</td>
</tr>
<tr>
<td>Outputs 2-5</td>
<td>30%</td>
</tr>
<tr>
<td>Regional &amp; country offices technical units</td>
<td></td>
</tr>
<tr>
<td>HQ technical units</td>
<td></td>
</tr>
<tr>
<td>*WHO’s Programme Support Costs (PSC) are applied as funds are expended</td>
<td></td>
</tr>
</tbody>
</table>

[High-level results]

42 additional countries routinely share influenza viruses with GISRS

36 additional countries share influenza virological data with WHO through "FluNet"

22 additional countries share influenza epidemiological data with WHO through "FluNet"

10 additional countries with influenza burden estimates and a new global influenza mortality estimate

48 targeted countries now have an approach to facilitate the timely approval of pandemic influenza products during an emergency

1st global simulation portal ‘PIP Deploy’, launched for pandemic influenza vaccine deployment

8 influenza courses on ‘OpenWHO’, the new online knowledge-transfer platform