

6-MONTH
REPORT

12-MONTH
REPORT

18-MONTH
REPORT

24-MONTH
REPORT

2020

2021

PANDEMIC
INFLUENZA
PREPAREDNESS
FRAMEWORK

1 January –
30 June
2020

PROGRESS
REPORT



World Health
Organization

Pandemic Influenza Preparedness Framework: progress report, 1 January - 30 June 2020.

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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 through the WHO Global Influenza Surveillance and Response System (GISRS), 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 GISRS. Funds are allocated for: **(a)** pandemic preparedness capacity building; **(b)** response activities during the time of an influenza 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 reporting format addresses the recommendation from the 2016 PIP Review that WHO develop progress reports that present overall success metrics and infographics to illustrate progress in PIP Framework implementation. A progress report is published four times a biennium, and covers technical and financial implementation for HLIP II, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2020.

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 and biennial reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement.

This issue of the PIP progress report was developed as the world continues to respond to the coronavirus disease 2019 (COVID-19) pandemic. Despite the many challenges brought on by this global crisis, much was nonetheless achieved to continue the work to prepare for the next influenza pandemic, and readers will be able to learn about some of the happenings on the ground in a new section entitled "Stories from the field".

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	<u>pages 5 - 7</u>
Technical and financial implementation progress	<u>pages 8 - 18</u>
Stories from the field	<u>pages 19 - 28</u>

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

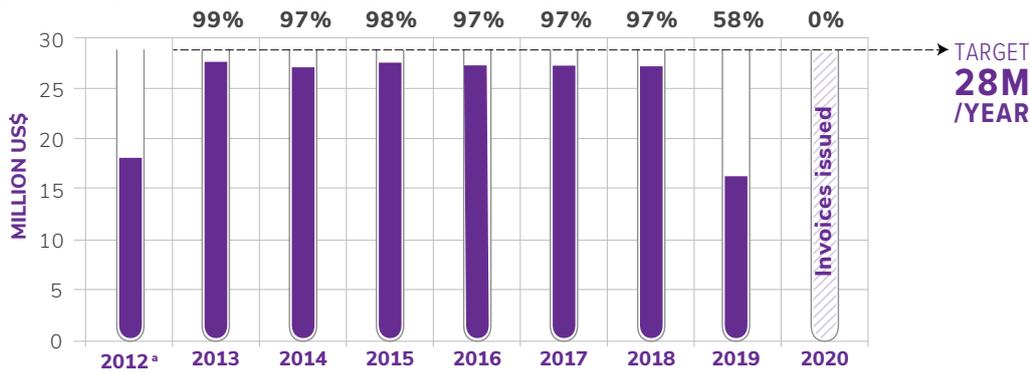
ACRONYMS & ABBREVIATIONS

AFRO	WHO Regional Office for Africa	IVTM	National Influenza Centre
AMR	WHO Region of the Americas	L&S	National Immunization Technical Advisory Groups
BM	Biological Material	NIC	Influenza Virus Traceability Mechanism
BOD	Burden of Disease	NITAG	Laboratory and Surveillance Capacity Building
CC	Collaborating Centre	NRA	National Regulatory Authority
CVV	Candidate Vaccine Virus	NVDP	National Vaccine Deployment Plan
DEP	Planning for Deployment	PAHO	Pan American Health Organization
DG	Director-General	PC	Partnership Contribution
EMR	WHO Eastern Mediterranean Region	PCR	Polymerase Chain Reaction
EMRO	WHO Regional Office for the Eastern Mediterranean	PIP	Pandemic Influenza Preparedness
EQAP	External Quality Assessment Programme	PISA	Pandemic Influenza Severity Assessment
EUR	WHO European Region	PSC	Programme Support Costs
FDA	Food and Drug Authority	PSS	Pandemic Special Studies
FETP	Field Epidemiology Training Program	RCCE	Risk Communications and Community Engagement
ForRCCE	Foundations of Risk Communications and Community Engagement	REG	Regulatory Capacity Building
GBT	Global Benchmarking Tool	SARI	Severe Acute Respiratory Illness
GISRS	Global Influenza Surveillance and Response System	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
IDP	Institutional Development Plan	UNICEF	United Nations Children's Fund
IHR	International Health Regulations	US CDC	United States Centers for Disease Control and Prevention
ILI	Influenza-like-illness	VCM	Vaccine Composition Meeting
IPPP	Influenza Pandemic Preparedness Planning	WER	Weekly Epidemiological Record
ISST	Infectious Substances Shipping Training	WHA	World Health Assembly
IVPP	Influenza Virus with Pandemic Potential	WHO	World Health Organization

IMPLEMENTATION OVERVIEW

PIP PC collection (As of 30 June 2020)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



\$198M
CONTRIBUTED BY
INDUSTRY^b

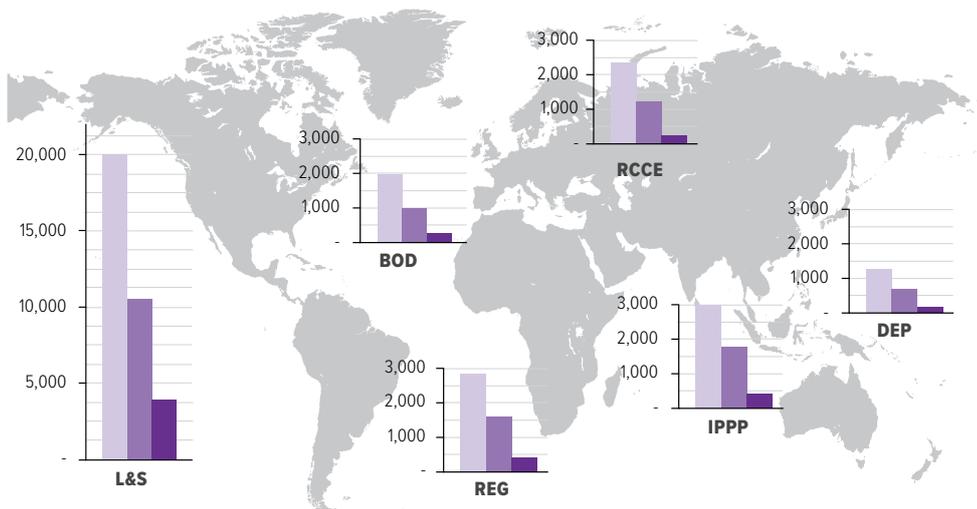
^a In 2012, contributions were made voluntarily.

^b Figure includes PSC. PC collection for previous unpaid contributions and 2020 invoices is in process. Invoices for 2020 were issued on 25 June 2020. The figure does not include interest earned on Response Funds of \$2.5M in 2018-19.

PIP PC financial implementation (As of 30 June 2020)

PREPAREDNESS

2020-2021 BIENNIAL BUDGET: **\$31.4M** FUNDED: **\$16.7M** IMPLEMENTED: **\$5.4M**



PIP SECRETARIAT

BIENNIAL BUDGET: **\$5.8M**

FUNDED: **\$3.3M**

IMPLEMENTED: **\$832K**

RESPONSE

TOTAL IN RESERVE
(WITH PSC & \$2.5M
INTEREST EARNED IN
2018-19): **\$56M**

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	2019 Baseline	2020 Status	2021 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=7)	57%	Pending (Indicators are reported annually)	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator, N=37)	97%		≥85%
% of PC recipient Member States reporting to FluID (N=37)	81%		70%
% of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=38)	11%		40%
No. of PC recipient Member States that have implemented regulatory approach (N=48)	22		23
% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=40)	65%		75%
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	41%		50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	58%		100%

PIP Biological Materials^a shared

PIP BMs RECORDED IN IVTM



FROM 1 JANUARY TO
30 JUNE 2020:

55 VIRUS SUBTYPES RECORDED:
A(H5N1), A(H9N2), A(H3N2)v,
A(H1N1)v, A(H1N2)v, A(H5N6)



TOTAL SINCE 1 DECEMBER 2012:

1263 PIP BMs RECORDED

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

SMTA2: SECURING PRODUCTS FOR PANDEMIC RESPONSE

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

Large / multi-national
manufacturers

>75M

pandemic production



Medium-sized
manufacturers

>5M and <75M

pandemic production



Small
manufacturers

<5M

pandemic production

NEW: 1 additional SMTA2
signed since 1 January 2020



>400M

DOSES SECURED FOR
PANDEMIC RESPONSE

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



10M

TREATMENT COURSES
OF ANTIVIRALS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



73

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS

NEW: 3 additional
SMTA2 signed since
1 January 2020



29

BENEFIT-SHARING
OFFERS FROM ACADEMIC
& RESEARCH INSTITUTIONS

PIP Framework governance

Since January 2020, the world has been responding to the COVID-19 pandemic. This has had an impact on implementation of the PIP Framework, but progress was nonetheless made to carry forward Member State requests under Decision WHA72(12). Through an iterative process, the Secretariat developed and shared the following: 1) report on influenza virus sharing (OP1(a)); 2) report on legislative and regulatory measures related to influenza (OP1(b)); 3) report on the search engine, raising awareness of the PIP Framework, and new technologies (OP1(c), (d) and (e)). In addition, the Secretariat took steps to implement the amendment to footnote 1 of the model SMTA2 found at Annex 1 of the Framework by modifying the SMTA2 template and developing the process to amend all agreements signed to date.



IMPLEMENTATION PROGRESS

NOTE TO READERS

Please read this Output Reading Guide which provides clarity on the data reported in this section.

OUTPUT READING GUIDE

Output name & statement

Laboratory & surveillance 

BIENNIAL BUDGET: \$XM | IMPLEMENTED: \$XM

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

Biennial budget & funds implemented cumulatively at Output level (excluding PSC)

Milestones: cumulative progress updated every six months since beginning of 2020

DELIVERABLE A	MILESTONES	HIGHLIGHTS
<p>Risk and severity of influenza, including at the human-animal interface, are routinely assessed</p>  <p>\$XM IMPLEMENTED</p>	<p> X PISA trainings completed → X countries from X region participated</p> <p> X Outbreak detection & response trainings → X countries from X regions participated</p> <p> X Meetings, workshops, joint investigation & risk assessments → X country and X regions participated</p>	<ul style="list-style-type: none"> • In addition to X countries being trained on PISA and X countries starting to report its severity assessments for the first time in February 2020, WHO is expanding the range of software to facilitate country uptake including the 'Shinny App' and 'PISA Tech.' This addresses country request for user-friendly tools for setting thresholds and analyzing severity data. • Countries continue to strengthen influenza surveillance, investigate acute respiratory disease events, hold HAI risk assessments and conduct trainings to improve outbreak investigation capacities. These are essential components of IHR core capacities for public health emergency preparedness. • Due to COVID-19, regions have cancelled some activities on influenza surveillance. However, remote technical support is routinely provided through alternative means.

Funds implemented cumulatively at deliverable level (excluding PSC)

Proportion of funds implemented from the biennial budget (gray denotes proportion of funds not implemented)

Deliverable name

Highlights from January to June 2020 (as of 30 June 2020)

Laboratory & surveillance



BIENNIAL BUDGET: \$20M | IMPLEMENTED: \$3.9M

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

DELIVERABLE A

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



MILESTONES

3 PISA trainings completed → **3** countries from **1** region participated

77 Outbreak detection & response trainings → **40** countries from **4** regions participated

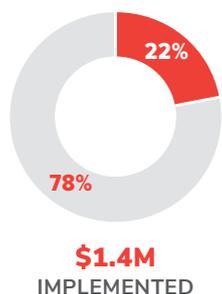
4 Meetings, workshops, joint investigation & risk assessments → **1** country and **6** regions participated

HIGHLIGHTS

- In addition to 3 countries being trained on Pandemic Influenza Severity Assessment (PISA) and 1 country starting to report its severity assessments for the first time in February 2020, WHO is expanding the range of software to facilitate country uptake including the 'WHO Average Curves App' and 'PISA Tech.' This addresses country requests for user-friendly tools for setting thresholds and analyzing severity data.
- Countries continue to strengthen influenza surveillance, investigate acute respiratory disease events, and conduct human-animal interface (HAI) risk assessments and trainings to improve outbreak investigation capacities. These are essential International Health Regulations (IHR) core capacities for public health emergency preparedness.
- Due to COVID-19, regions have cancelled some activities on influenza surveillance. However, remote technical support is routinely provided through alternative means.

DELIVERABLE B

Quality influenza virus detection capacity is sustained



MILESTONES

34 Laboratory trainings, missions and visits completed → **17** countries from **4** regions participated

2020 EQAP status

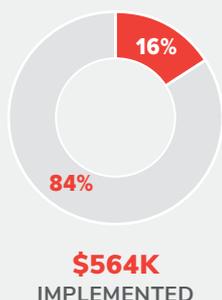
- 1 Contract signed ✓
- 2 EQAP sent out ✓
- 3 Results received
- 4 Results shared with participating laboratories
- 5 Results published in WER

HIGHLIGHTS

- The 2020 External Quality Assessment Program (EQAP) panel was sent to countries in June. EQAP is used to monitor, sustain and drive improvements in virus detection capacity. The results from the 2019 panel were published in World Epidemiological Review (WER) in February 2020.
 - 34 missions and trainings were conducted for 17 countries to provide laboratory training, Quality Management System mentoring and National Influenza Centre (NIC) support. Global webinars are also being conducted to sustain GISRS activities. Based on a technical evaluation mission conducted to Suriname, the national laboratory was successfully designated as a NIC.
- Contribution to COVID-19 response:**
- NICs are conducting COVID-19 laboratory testing, highlighting the collateral benefit of the in-country capacities established for molecular diagnostics.
 - The influenza EQAP platform was used for COVID-19. Over 200 laboratories including 146 NICs will have participated in COVID-19 EQAP by July 2020.

DELIVERABLE C

Countries are supported to consistently report influenza data to global platforms



MILESTONES

0 Regional meeting held to improve global surveillance systems → **0** country from **0** region participated

165 Trainings, missions & other types of support for surveillance provided → **53** countries from **6** region participated

89 Regional bulletins published → **3** regions involved

HIGHLIGHTS

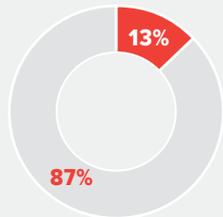
- 53 countries were supported to share data with regional or global influenza surveillance platforms. These platforms are routinely updated to improve data management capabilities, user acceptability and outputs.
 - Due to COVID-19, regions have cancelled some activities. However, remote support is routinely provided, and regions are continuing to publish surveillance bulletins that report on influenza activity including intensity, spread and virus detections. The feedback facilitates decision-making as well as continuous surveillance system improvements.
- Contribution to COVID-19 response:**
- The global influenza surveillance platforms, FluNet and FluID as well as some regional platforms were adapted to receive COVID-19 data. This enabled rapid and robust COVID-19 data collection and management using platforms familiar among national authorities. It will also contribute to the sustainability of the systems by embedding their use for priority respiratory diseases.



Laboratory & surveillance

DELIVERABLE D

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



\$453K
IMPLEMENTED

MILESTONES

0 Training on infectious substance shipping completed → **0** country from **0** region involved

106 Shipments made using the SFP → **71** countries from **6** regions

HIGHLIGHTS

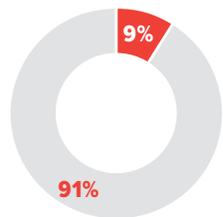
- 71 countries made 106 shipments of influenza viruses/clinical specimens to WHO Collaborating Centres (CC) in January - June 2020. This is compared to 93 countries making 142 shipments in the same period last year. Regular and timely virus sharing facilitates the work of GISRS in global risk management.
- No Influenza Substance Shipping Training (ISST) were completed but 1 region is already planning trainings in 2021 for countries where laboratory staff are due for recertification. The transport of infectious substances is strictly regulated. WHO's ISST, which is recognized by the International Air Transport Association and the International Civil Aviation Organization, contributes to improving compliance with applicable regulations ensuring protection of staff, the public and the environment.

Contribution to COVID-19 response:

- The Shipping Fund Project (SFP) was established to facilitate rapid sharing of influenza viruses/samples. The platform was rapidly adapted and used for COVID-19. SFP helped countries validate their COVID-19 laboratory results and to share specimens with COVID-19 reference laboratories for further characterization.

DELIVERABLE E

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



\$32K
IMPLEMENTED

MILESTONES

5 Protocols and guidance reviewed, including translations

1 VCM completed **1** new CVV proposed

HIGHLIGHTS

- Based on the current antigenic, genetic and epidemiologic data, 1 new Candidate Vaccine Virus (CVV) (H9N2 virus) was proposed during the February 2020 Vaccine Composition Meeting (VCM). Continued selection and development of CVVs is essential for global pandemic preparedness as zoonotic influenza viruses continuously evolve.
- To ensure countries have access to the latest information and guidance, WHO published a document for NICs implementing next-generation sequencing for genetic characterization of influenza viruses. The document outlines key considerations including the number of specimens needed to be sequenced to meet surveillance goals, computational requirements of the various NGS platforms, and the associated training requirements. WHO also updated 4 protocols in the compendium of information on molecular diagnosis of influenza viruses in humans.

Burden of Disease

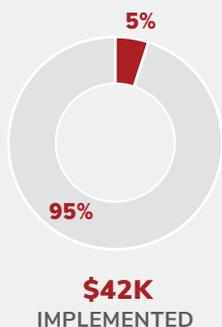


BIENNIAL BUDGET: \$2M | IMPLEMENTED: \$274K

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

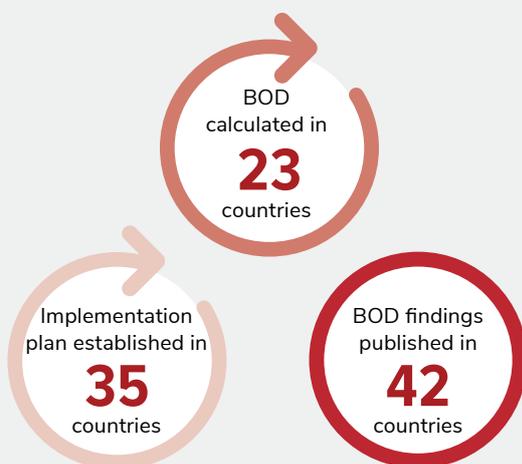
DELIVERABLE A

Representative national, regional and global disease burden estimates are available



MILESTONE

Number of countries in each burden of disease estimate development stage (N=194)



HIGHLIGHTS

- WHO together with partners provided technical support to facilitate national BOD work in 9 countries.
- WHO has published a guide¹ as a supplement to the WHO manual for estimating disease burden associated with seasonal influenza. This guide provides public health officials with the tools to prepare and perform a hospital admission survey.
- 3 additional countries published BOD findings for the first time and 2 countries updated their findings.

Since 2018:

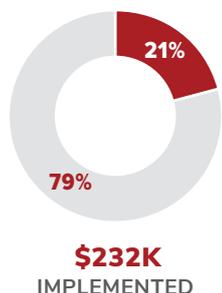
- A total of 42 countries have published their BOD estimates of which 6 are low income countries, 5 lower middle income countries and 8 upper-middle income countries.
- An additional 58 countries have either already calculated or established a plan to estimate national burden.
- 69 countries including 23 low-and-middle-income countries have shared their data for regional or global BOD analysis.

Contribution to COVID-19 response:

- In the last decade, an increased number of countries has developed expertise in estimating influenza disease burden. Countries can leverage this knowledge and the methods for estimating morbidity and mortality to gain better understanding of COVID-19 burden.

DELIVERABLE B

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



Due to the COVID-19 pandemic, no specific progress was made on the one HLIP II milestone for this Deliverable. However, the gains achieved through previous PIP investments are being used for the pandemic response.

Previous PIP investments

- The WHO BOD Working Group was established to support the global agenda for ensuring that influenza disease burden estimates are used by countries for evidence-based policy development.
- Activities to develop an influenza burden pyramid tool that allows countries with limited data to estimate the comprehensive influenza burden in support to the policy decision process began in 2019.

Contribution to COVID-19 pandemic response

- The WHO BOD Working group and the global network of experts on influenza burden has been engaged to provide their scientific expertise for COVID-19 burden activities.
- The work done to engage decision-making bodies for influenza is informing how to similarly engage with these bodies in regard to COVID-19 burden of disease, thereby assisting policy makers with COVID-19 decisions and future vaccination policy.
- A COVID-19 pyramid tool based on the influenza burden pyramid tool is under development to assist policy makers in understanding the COVID-19 burden. There is a plan to test and validate this tool in some countries and release it soon for wider use.

Future benefit for pandemic influenza preparedness

- Engagement of decision-making bodies for COVID-19 will lay the ground work for further expanding engagement on influenza, thereby benefiting future policy on influenza disease prevention and mitigation strategies.
- The full development and implementation of the COVID-19 pyramid tool will provide lessons that can be applied towards refining and completing the influenza burden pyramid tool.

¹ Using a hospital admission survey to determine rates of influenza-associated severe acute respiratory infections - A Supplement to the WHO Publication "A manual for estimating disease burden associated with seasonal influenza" - WHO Headquarters, Geneva, Switzerland - https://www.who.int/influenza/resources/publications/WHO_CDC_Supplement_Influenza_Burden_HAS.pdf?ua=1

Regulatory capacity building

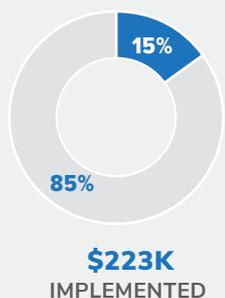


BIENNIAL BUDGET: \$2.9M | IMPLEMENTED: \$417K

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

DELIVERABLE A

National regulatory capacity for pandemic influenza products is strengthened



MILESTONES

- 0** Refinement made to WHO GBT

- 0** Country WHO-benchmarked

- 1** Country self-benchmarked

- 1** IDP follow-up visit → **1** country, **1** region

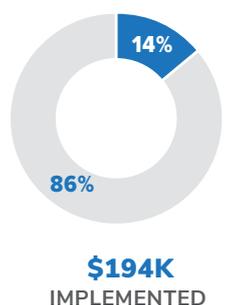
- 3** IDP implementation & technical support activities → **9** countries, **5** regions

HIGHLIGHTS

- The Ghana Food and Drug Authority (FDA) reached the stage of a stable, well-functioning and integrated regulatory system for medicines and vaccines according to WHO's Global Benchmarking Tool (GBT). This was achieved after the FDA implemented all the recommendations and met the indicators that define a maturity level three regulatory system. This significant achievement is the result of government and partner commitment to strengthen the regulatory system. Ghana and Tanzania are the only two of WHO African Region's 47 countries to have attained maturity level three, and both were supported as PC-recipient countries.
- Institutional Development Plan (IDP) implementation support continued, with follow-up conducted largely through remote technical support due to the COVID-19 pandemic. One country conducted self-benchmarking and the report was remotely validated by WHO. WHO assisted countries by providing different guidelines on ethics and product registration based on WHO's Collaborative Registration Procedure.
- In June, 60 regulators from 9 countries in 5 regions attended a capacity-strengthening webinar training co-hosted by WHO and Swissmedic. The training emphasized country readiness for public health emergencies and materials were adapted for an online format. Participants reflected on their current capacities, strengths and challenges in quality and risk management systems, marketing authorization and market surveillance including pharmacovigilance, which will advance their pandemic emergency management.

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

- 1** Workshop/training conducted to implement the PIP regulatory guidelines linking national IPPP & NVDP for pandemic influenza vaccines → **7** countries, **1** region

HIGHLIGHTS

- In February, 7 South-East Asia Region (SEAR) countries attended a workshop to implement their defined regulatory pathways based on WHO guidelines. Countries developed an implementation roadmap for ensuring timely registration of products at the time of an emergency, including for pandemic influenza and potential COVID-19 vaccines and therapeutics.
 - Using a risk-based approach, WHO is mapping existing country legal provisions and regulatory pathways to authorize/register vaccines during public health emergencies. The landscape will help identify potential bottlenecks and the support required to facilitate timely and equitable access to pandemic vaccines and other products. WHO will share the findings once finalized.
 - A proposal for an online training course on 'regulatory preparedness to authorize use of pandemic influenza vaccines in non-vaccine-producing countries' was submitted to the WHO Academy. The online format will facilitate country uptake of the WHO Market Authorization (MA) guideline in light of staff turnover and constraints in workshop attendance.
 - Due to COVID-19, activities such as workshops or benchmarking that require in-country follow up have been postponed till 2021. This is temporarily impacting financial implementation. In the interim, WHO is continuing its support to PC-recipient countries virtually.
- Contribution to COVID-19 response:**
- From Jan to 30 June, WHO hosted 10 webinars with regulators from National Regulatory Authorities (NRA) in 5 regions to provide COVID-19 regulatory updates. These webinars addressed questions and provided a forum for regional and global coordination. Lessons learnt from these webinars are feeding into country regulatory readiness which will strengthen preparedness for other emergencies including pandemic influenza.

Risk Communications & Community Engagement

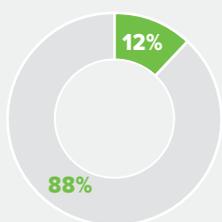


BIENNIAL BUDGET: **\$2.3M** | IMPLEMENTED: **\$210K**

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

DELIVERABLE A

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



\$117K
IMPLEMENTED

Due to the COVID-19 pandemic, no specific progress was made on the 3 HLIP II milestones for this Deliverable. However, the gains achieved through previous PIP investments are being used for the pandemic response.

Previous PIP investments

- OpenWHO, an online knowledge transfer platform, was launched in June 2017 to provide technical information and training to frontline emergency responders both rapidly and freely.
- As a learning platform, OpenWHO had 180,000 enrolments by December 2019. For influenza, 16 courses were developed with uptake from >150 countries.



Contribution to COVID-19 pandemic response

- Existing courses on severe acute respiratory illness (SARI) clinical care, infection prevention and control and respiratory disease control were quickly updated, adapted and translated into multiple languages for the COVID-19 pandemic. New courses for COVID-19 were rapidly launched.
- In January-June 2020, OpenWHO had >3,2 million enrolments from all 194 countries and different courses are available in up to 29 languages.

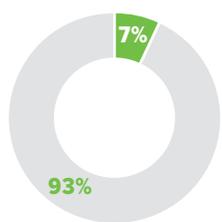


Future benefit for pandemic influenza preparedness

- The COVID-19 pandemic demonstrated the value of OpenWHO as a training platform with global reach and scalability.
- Uptake of COVID-19 courses will better prepare frontline workers for future respiratory disease events including pandemic influenza.

DELIVERABLE B

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



\$93K
IMPLEMENTED

MILESTONE



2 Trainings, missions and other types of technical support provided involving **6** regions



1 Global partnership & network for effective RCCE capacity **2** partners **5** plans of action available

HIGHLIGHTS

- Building on the Fundamentals of RCCE (FoRCCE) established in 2019, technical support calls were held weekly with the 6 regions starting in January 2020. The calls elaborated the actions, steps and tools required by countries to enhance RCCE during emergencies.
- A global partnership among WHO, the United Nations Children's Fund (UNICEF) and International Federation of Red Cross and Red Crescent Societies called the 'Collective Service' was established as a global RCCE support mechanism for countries. A joint strategy was released on 16 March.

Contribution to COVID-19 response:

- The Collective Service was used by countries to develop COVID-19 RCCE action plans.² When it was launched, 47 countries had COVID-19 RCCE plans (22 countries had no plan, 125 missing data). By 30 June, 163 countries reported having a plan (30 missing data). Countries used the tools, checklists and technical support made available to build their plans.³

² Risk Communication and Community Engagement (RCCE) Action Plan Guidance - COVID-19 Preparedness and Response. WHO Headquarters, Geneva, Switzerland. [https://www.who.int/publications/i/item/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)

³ WHO Weekly Update on COVID-19 - 3 July 2020. WHO Headquarters, Geneva, Switzerland. <https://www.who.int/publications/m/item/weekly-update-on-covid-19---3-july-2020>

Planning for Deployment

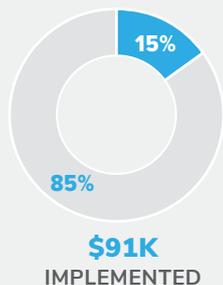


BIENNIAL BUDGET: **\$1.3M** | IMPLEMENTED: **\$168K**

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



Due to the COVID-19 pandemic, no specific progress was made on the two HLIP II milestones for this Deliverable. However, the gains achieved through previous PIP investments are being used for the pandemic response.

Previous PIP investments

- The Operational Framework being finalized for access, allocation and deployment of pandemic influenza vaccine outlines the considerations and processes WHO should undertake and coordinate with partners to ensure efficient and effective operations at the time of an influenza pandemic. The Framework contains several templates including a Country Readiness Checklist.



Contribution to COVID-19 pandemic response

- The COVID-19 vaccine allocation processes are being built on the thinking and considerations set out in the Operational Framework. Additionally, the Country Readiness Checklist was adapted for COVID-19 and includes the activities needed in the lead up to product deployment.

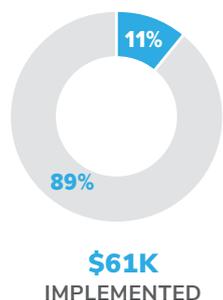


Future benefit for pandemic influenza preparedness

- Planning for COVID-19 vaccine allocation and deployment is serving as a real-world test for a future influenza pandemic. Lessons are being learnt on stakeholder coordination to define product allocation and ways to operationalize country readiness in the midst of an emergency. This will help WHO to further refine tools and procedures for pandemic influenza.

DELIVERABLE B

National deployment planning process is revised and updated



Due to the COVID-19 pandemic, no specific progress was made on the two HLIP II milestones for this Deliverable. However, the gains achieved through previous PIP investments are being used for the pandemic response.

Previous PIP investments

- WHO provided guidance materials and trained over 45 countries to develop or refine their pandemic influenza National Vaccine Deployment Plans (NVDP).
- An OpenWHO course on NVDP was launched in December 2018 to facilitate national and sub-national planning. By December 2019, over 2400 individuals registered for the online course.



Contribution to COVID-19 pandemic response

- WHO plans to adapt the pandemic influenza NVDP template for COVID-19 product deployment since country users will be familiar with the planning approach.
- The OpenWHO NVDP course had a surge in enrolments with 13 500 additional users in January-June 2020. This highlights the utility of the course in view of preparing for COVID-19 pandemic product deployment. The course can easily be updated with COVID-19 specific modules once more product information is available.

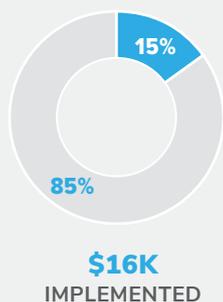


Future benefit for pandemic influenza preparedness

- Using pandemic influenza NVDP approaches and tools for COVID-19 creates an efficiency in planning the introduction of products during public health emergencies. The COVID-19 pandemic will test national capacities and readiness which will subsequently facilitate further enhancement to pandemic influenza NVDPs.
- The adaptation of OpenWHO courses for COVID-19 showcase the flexibility and utility of existing WHO platforms and courses that can be rapidly re-designed for different emergencies and as new information unfolds.

DELIVERABLE C

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



Due to the COVID-19 pandemic, no specific progress was made on the two HLIP II milestones for this Deliverable. However, the gains achieved through previous PIP investments are being used for the pandemic response.

Previous WHO investments

- With the goal of increasing pandemic preparedness, since 2014, WHO has supported 7 countries to assess the opportunities and challenges with sustainability of influenza vaccines and 1 country to assess opportunities and challenges with sustainability of national procurement of seasonal influenza vaccines.



Contribution to COVID-19 pandemic response

- Countries with domestic influenza vaccine production capacity, including those previously assessed, continue to supply influenza vaccines to protect their population against influenza during the COVID-19 pandemic. This capacity has even allowed some countries to initiate their influenza vaccination campaigns earlier.
- WHO will continue to monitor this area of work to assess how, or if, these domestic capacities are leveraged for the development and delivery of COVID-19 vaccines.



Future benefit for pandemic influenza preparedness

- By sustaining their capacities even during COVID-19, countries with domestic influenza vaccine production capacity continue to provide a strong platform for pandemic influenza preparedness.
- WHO will publish a summary of the previous sustainability assessments so that any common themes, including any lessons learned through the COVID-19 response, can inform future pandemic influenza preparedness.

Influenza Pandemic Preparedness Planning

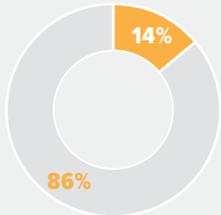


BIENNIAL BUDGET: **\$2.9M** | IMPLEMENTED: **\$405K**

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



\$405K
IMPLEMENTED

MILESTONE



0
IPPP exercise completed in → 0 country
0 region

HIGHLIGHTS

- Countries are at different stages and are taking various approaches in updating their IPPPs. 1 country's plan was officially endorsed to facilitate preparedness actions. 4 countries wrote/revised their plans, and 2 countries held planning meetings to assess current preparedness and response capacities to kick-start their planning process.
- No simulation exercises were conducted during this reporting period, however, the COVID-19 pandemic is spurring countries to exercise various influenza-relevant capacities including surveillance, laboratory, outbreak management, risk communications, clinical surge capacity and product deployment.
- In 2018-19, WHO advanced the development of the Pandemic Special Studies (PSS) protocols. PSS outlines the key questions, protocols and tools needed at the time of a pandemic to rapidly provide answers for risk management. By January 2020, WHO had also started to build a network of sites which could conduct PSS when required. 1 country successfully piloted the PSS First Few X Cases protocol in February 2020 to test the operational feasibility of rapidly collecting seroepidemiological data to inform pandemic response measures.

Contribution to COVID-19 response:

- WHO regional teams were surveyed on the use of IPPP to support COVID-19 response planning. Information was available for 33 (83%) out of the 40 IPPP countries supported in 2018-19. Most (n=25, 76%) reported the use of national pandemic influenza plans including 20 that adapted the plans for COVID-19 and 5 that used the principles, systems and capacities established through the planning process. These findings highlight the collateral benefit of IPPP for other emergencies.⁴
- COVID-19 provided an opportunity to bring PSS to scale. The platform was rapidly adapted and became known as the 'Unity Studies.'⁵

⁴ See page 24 for a more detailed perspective from one region.

⁵ See page 26 to learn more about PSS and its use during the COVID-19 pandemic.

PIP Framework Secretariat

BIENNIAL BUDGET: **\$5.8M** | IMPLEMENTED: **\$832K**

OUTPUT: The PIP Secretariat leads, manages and supports implementation of the PIP Framework



DELIVERABLE A

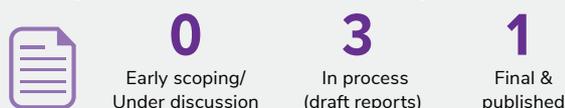
Promote the effective implementation of the PIP Framework in a changing environment



MILESTONES

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

Number and status of documents/reports developed for the World Health Assembly



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

HIGHLIGHTS

- Documents were prepared for several meetings that were cancelled due to COVID-19. These included two meetings in March - PIP Advisory Group and an Information Session on implementation of decision WHA 72(12). Work to address influenza virus sharing concerns continued.
- A report on Influenza Preparedness was prepared for WHA73. In addition, three reports were developed to address requests in WHA72(12); drafts in English were published and an opportunity for public comment was provided; several submissions were received. The reports will be finalized following the resumed session of WHA73.
- While some planned advocacy materials and events were postponed due to the pandemic, the Secretariat continued its outreach to Member States, GISRS, and industry, among others.

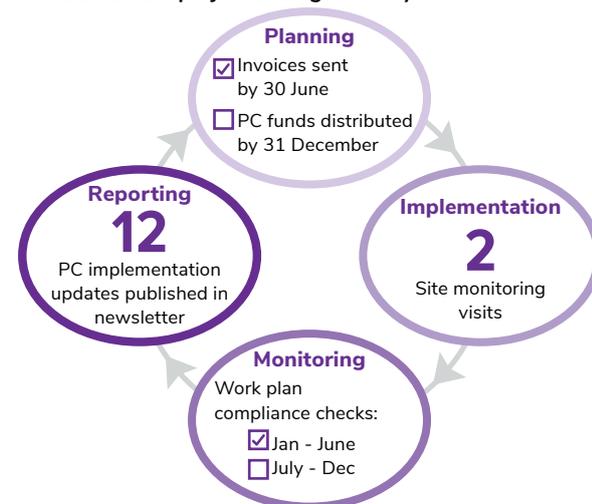
DELIVERABLE B

Collect, implement, monitor, and report on the Partnership Contribution



MILESTONES

Status in annual project management cycle

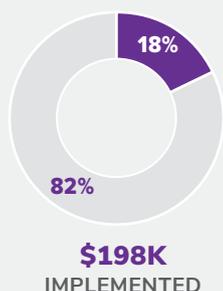


HIGHLIGHTS

- PC 2020 invoices were issued to 39 manufacturers in June 2020. The milestone objective to issue invoices by 30 June was achieved for the first time since 2018. This should enable more timely collection of funds in the year of invoice.
- 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 2020.
- 11 'Highlights from the Field' were published in the Influenza Newsletter between January and June 2020, to share PIP's country and regional impacts. This includes stories on the collateral benefits and contribution of the PIP Framework to the COVID-19 pandemic response.⁶

DELIVERABLE C

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



MILESTONES

Number of SMTA2s in negotiation



HIGHLIGHTS

- Between January and June 2020, 4 SMTA2s were concluded: 1 with a manufacturer of influenza vaccines and 3 with academic and research institutions.
- To implement the WHA's 2019 amendment to the PIP Framework (Decision WHA72(12) OP2): (1) the GISRS Shipping Notice to entities requesting PIP BM has been updated to highlight the new reporting obligations for indirect use of PIP BM; and (2) the SMTA2 template was revised to reflect this new reporting requirement.
- All 84 SMTA2s signed to date will be amended accordingly.

⁶ For the Influenza Newsletters see https://www.who.int/influenza/publications/newsletter_influenza/en/



**STORIES FROM
THE FIELD**

Influenza labs open door to COVID-19 testing in Africa

The NICs that form the backbone of GISRS, have proved instrumental in supporting the COVID-19 response and scaling up regional testing capacity from 4% to 100% in less than five months.

By the time COVID-19 was declared a Public Health Emergency of International Concern on 30 January 2020, NICs in Senegal and South Africa could already test for it. But there was a clear need to rapidly scale up testing capacity in more countries if the region hoped to keep track of the disease beyond initial hot spots.

A rapid review of regional laboratory capacities and capabilities conducted in January 2020 by the WHO Regional Office for Africa (AFRO) showed that while many countries had the potential to introduce reliable molecular testing for COVID-19—using either Polymerase Chain Reaction (PCR) or GeneXpert technology—they were prevented from doing so by a lack of essential supplies, equipment or technical know-how.

This review revealed:

- 2 NICs (regional reference laboratories) with COVID-19 PCR testing capacity;
- 11 NICs with PCR testing capacity;
- 17 national laboratories with PCR capacity for influenza diagnostics;
- 13 national laboratories with a PCR machine but no supplies, equipment, or training; and
- 4 countries with no PCR capacity.

AFRO quickly devised and implemented a plan to overcome these obstacles, drawing on the expertise of NICs and partners across the region.

Scaling up capacities

Led by the Influenza Laboratory Focal Point (also functioning as the COVID-19 Laboratory Pillar Lead), the AFRO team placed emergency orders for PCR test kits and GeneXpert cartridges, as well as viral transport media for those countries that already had PCR or GeneXpert machines to test for influenza or other diseases. For those four countries with no machinery, the team procured a PCR machine and other relevant equipment, helping these countries achieve a major milestone in testing capacity that extends far beyond COVID-19.

PCR experts from NICs across the region—including Cameroon, Cote d'Ivoire, Ghana and Senegal—were mobilized to train laboratory staff in the COVID-19 testing protocol. Partner agencies, including African Centres for Disease Prevention and Control, hosted training workshops giving laboratory staff from 39 countries a refresh in diagnostic methods and good laboratory practices.



Image credit: WHO/Blink Media - Nana Kofi Acquah



Image credit: WHO/Regional Office for Africa

Overcoming operational barriers

Despite diverse operational challenges, including travel bans, competing demand for diagnostic supplies, and the collapse of international supply chains, the region rapidly increased its testing capacity (see Figure):

Each gain marked a major step forward in enabling the COVID-19 response in the region (see Box). Supported by the PIP PC, existing influenza infrastructure laid the foundations for COVID-19 response capacities, highlighting the collateral benefits of establishing influenza laboratory and surveillance capacities and building a stronger global network of NICs.

By 1 March

33 countries had COVID-19 testing capacity. 39% were NICs, and 46% were national laboratories with influenza testing capacity reporting to FluNet.

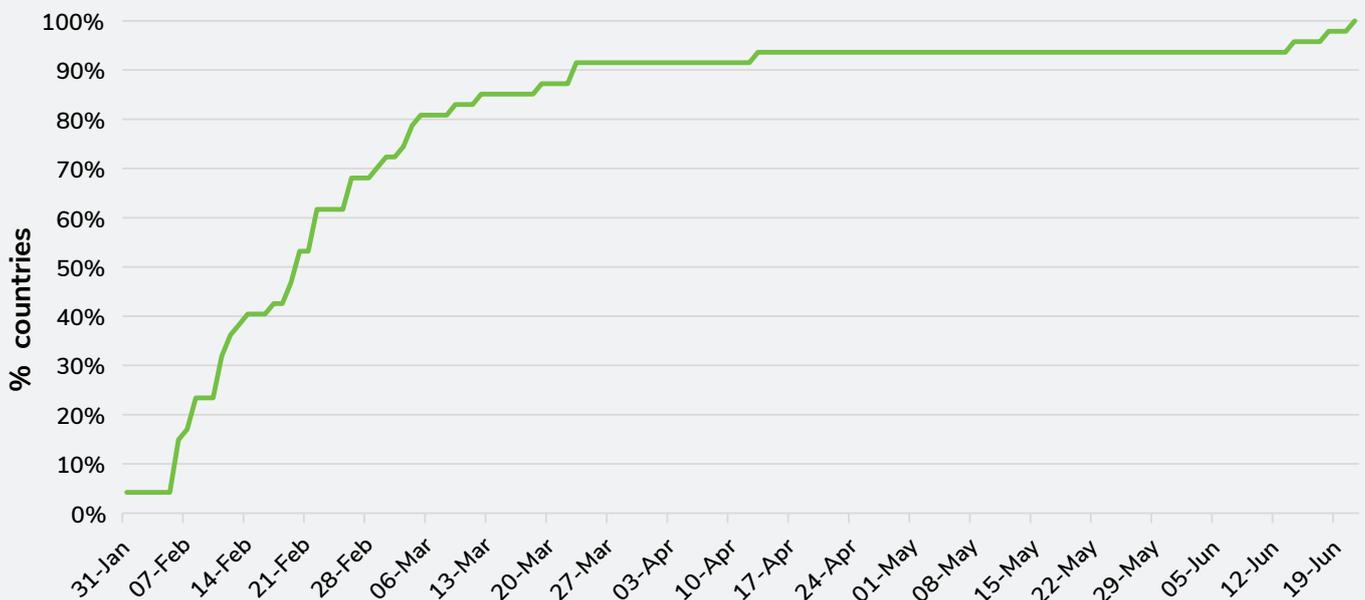
By 14 April

44 countries had COVID-19 testing capacity

By 22 June

all 47 countries had established COVID-19 testing capacity

Proportion of countries in WHO's African Region with testing capacity for COVID-19 (N=47).



Integrating influenza and COVID-19 surveillance protocols across the Americas

Across the Americas, existing influenza laboratory and surveillance infrastructure and protocols have acted as a solid foundation for the collection, collation, and analysis of COVID-19 data - supporting effective national and regional decision-making.

NIC network as the foundation for response

Armed with improved capacities from trainings supported by the PIP PC, the Pan American Health Organization (PAHO) used its network of 30 NICs to quickly incorporate COVID-19 molecular testing algorithms. By February, capacity for COVID-19 testing was successfully implemented in all Member States, and through the PAHO-run SARInet⁷, each laboratory has access to a rich pool of expertise, knowledge and resources.

Adapting investigation protocols

Colombia is the first PIP PC recipient country in the Region of the Americas (AMR) to initiate the Unity Studies protocol for investigation of first cases of a pandemic respiratory virus. This investigation protocol originally developed for pandemic influenza was adapted to support Colombia's COVID-19 response, with data collection underway in Putumayo. This region, bordering Ecuador and Peru, is home to vulnerable populations and is recovering from years of violence. Data collected will facilitate timely estimates of severity and population susceptibility, and also support public health and social measures and to make informed policy decision on future COVID-19 vaccination initiatives.

Integrating and visualizing data

Since the 2009 H1N1 pandemic, the region has established and strengthened sentinel and syndromic surveillance for influenza-like-illness (ILI) and SARI. The PIP PC has been critical in building this regional system for influenza monitoring and early detection. PAHO's strategy supported countries to integrate COVID-19 into their syndromic surveillance. Currently, 20 of the 35 countries in AMR have integrated COVID-19 into their ILI and SARI surveillance systems. This holistic approach will allow PAHO to sustainably characterize COVID-19 transmissibility, severity and impact, and to assess effectiveness of a potential vaccine.

100% of countries using PAHOFlu, the region's influenza surveillance data platform, have incorporated COVID-19. PIP PC support for the development of PAHOFlu allowed countries to report influenza data in a consistent and timely manner. PAHOFlu was expanded to incorporate COVID-19 data, so countries could easily and quickly collect, collate and analyse these data. Conversely, the new COVID-19 Geo-Hub⁸ and interactive dashboard⁹ will be fully utilized for influenza once COVID-19 becomes endemic. This strategic move will enhance PAHO's public presentations of influenza data.



Image credit: WHO/Regional Office for the Americas

⁷ Severe Acute Respiratory Infections Network. PAHO, WHO. Washington D.C., United States of America. <http://www.sarinet.org/>

⁸ COVID-19 Information System for the Region of the Americas. PAHO, WHO. Washington D.C., United States of America. <https://paho-covid19-response-who.hub.arcgis.com/>

⁹ COVID-19 Americas' Regional Dashboard. Geographic Distribution of Cases and Deaths. PAHO, WHO. Washington D.C., United States of America. <https://who.maps.arcgis.com/apps/dashboards/efb745c3d88647779becb91c0e715f9>

Leveraging rapid response teams to tackle COVID-19 in the Eastern Mediterranean

Targeted efforts over the past four years have ensured the availability of rapid response teams (RRT) in every country of the WHO Eastern Mediterranean Region (EMR). These teams have proved invaluable in providing frontline support to detect, monitor and control the COVID-19 pandemic.

The EMR has long faced outbreaks of infectious disease as well as other public health emergencies resulting from armed conflict. In 2014, the region's governments identified the lack of multidisciplinary RRTs as a major obstacle to tackling such threats effectively. This sparked a targeted effort to develop RRTs throughout the region and equip them with the knowledge, tools and techniques they need to improve outbreak investigation and response.

Partnering for impact

Supported by the WHO Regional Office for the Eastern Mediterranean (EMRO) and the US Centers for Disease Control and Prevention (US CDC), an innovative training programme was developed and delivered across 22 countries. Initially focused on Ebola, the programme quickly evolved to cover other epidemic and pandemic threats, including emerging respiratory and zoonotic infections such as Middle East Respiratory Syndrome and avian influenza A(H5N1).

Between 2016 and 2019, the PIP PC, US CDC and other partners supported multiple training workshops to establish and enhance RRTs, and build capacity to tackle emerging respiratory infections when the source of the outbreak is either unknown or ill-defined. Those workshops paved the way for cascading training at the national level; and by

the end of 2019 these had reached more than 875 RRT members.

Virtual training and national deployments

Fortunately, the effort to build RRT capacity has not been thwarted by COVID-19. In the face of travel restrictions that prevented experts from travelling to affected countries, EMRO used webinars to continue supporting and training RRT members. By the end of June 2020, 130 rapid responders across Libya, Pakistan, Somalia, Sudan and northern Syria had participated in one of these webinars.

In 2014, just three countries had an RRT; today all 22 countries of the region have a national RRT, with 21 countries also home to RRTs at the sub-national level. These RRTs have proved an invaluable resource against the ongoing COVID-19 pandemic in the Region. They have enabled a frontline response, with RRT members providing timely and effective case detection, contact tracing, risk communications, and implementation of control measures. In conflict-stricken countries like Syria and Yemen, RRTs have been the primary—and sometimes the only—resource available for implementing any kind of COVID-19 response at all.



Image credit: WHO/Simon Van Woerden

Influenza study protocols support early sero-epidemiological investigations into COVID-19

Early sero-epidemiological investigation protocols originally developed for pandemic influenza are supporting countries' response to COVID-19 by facilitating timely estimates of transmissibility, severity and seroprevalence that can inform public health responses.

In 2018-2019, supported by the PIP PC, WHO was developing three master protocols as part of the Pandemic Special Studies (PSS), which set out how to do operational research at the beginning of an influenza pandemic. These early investigation protocols were originally designed to enable the rapid and systematic data collection and sharing that is needed to quickly understand the epidemiological, clinical and virological parameters of a novel influenza virus.

But the spread of COVID-19 has made them relevant beyond influenza. By adapting and building on the original PSS protocols, WHO has now published five Unity Studies specifically for COVID-19. These protocols enable aggregation, tabulation, and analysis across different settings. While they have been developed for general use by all countries, each one can and should be tailored to meet national or local cultures, contexts and capacities.



Image credit: WHO/Regional Office for Africa

Protocols in practice

The WHO Unity Studies are already being used in the field to support the COVID-19 response across all six WHO regions.

In Albania, following a successful pilot for influenza in February 2020, the First Few X Cases and their close contacts (FFX) protocol is now being used for COVID-19. Using the Go.Data software developed by WHO's Global Outbreak and Alert Response Network, the data generated through this study is already facilitating timely estimates of severity and transmissibility of infection and feeding into the country's response to the pandemic.

Colombia is implementing the same FFX protocol for both influenza and COVID-19. The collection of samples and data is ongoing, and the results will support national authorities in responding to the ongoing pandemic.

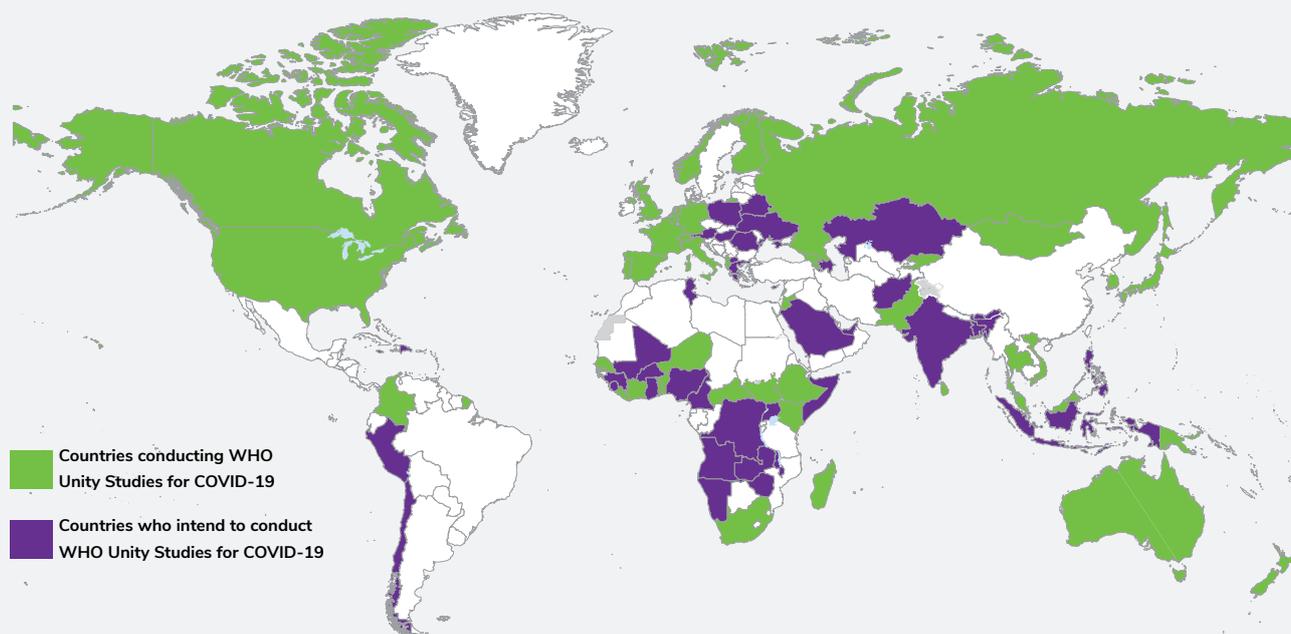
In Africa, 11 countries have already taken steps to implement the WHO Unity Studies. Nine countries are using the FFX protocol, while three are also implementing a second protocol within health care facilities to investigate risk factors among front-line responders.

In total, as of 30 June, 89 countries confirmed their intention to undertake one or more study, and 45 of them have started implementing one or more of the WHO Unity Studies to gather data on COVID-19. In all cases, the data collected using these protocols are expected to be critical in refining the COVID-19 response by helping to characterize key epidemiological features, understand the spread, severity and spectrum of disease, identify the impact on communities and guide the use of countermeasures such as case isolation and contact tracing.



Countries planning or conducting WHO COVID-19 Unity Studies

Map date: 30/06/2020



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

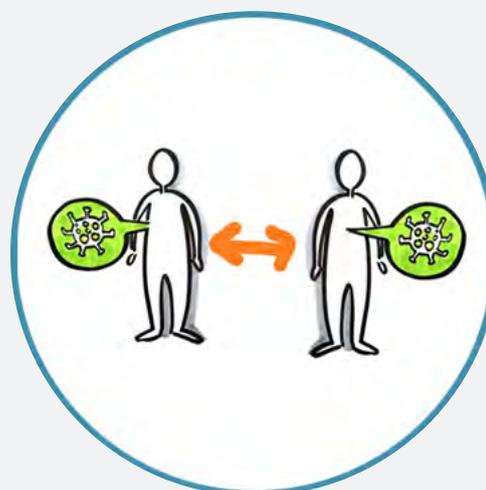
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Levelling the playing field in COVID-19 research

More than half of the countries using the new protocols are low- and middle-income countries. By providing a standard framework that can be applied in any resource setting, the WHO Unity Studies are helping to level the playing field in sero-epidemiological investigations and so proving an invaluable tool for research equity.

Thinking ahead

Lessons are being learnt from the application of PSS to COVID-19 that will be useful for pandemic influenza preparedness. Lessons include the importance of providing data collection tools, clarifying ethics clearance procedures, and having regional and global support teams to help countries trouble-shoot technical and operational issues. These will be addressed in activities to strengthen PSS in advance of the next influenza pandemic.



SocialNet 2019: an invaluable rehearsal for COVID-19

Without knowing it, participants in a simulated public health emergency in December 2019 were rehearsing for a far bigger challenge: the COVID-19 pandemic, which began just few days later. The simulation training, called SocialNet 2019, placed 50 European health experts in a week-long bootcamp in Belgrade, Serbia, to sharpen their skills in risk communication, community engagement and social science.

SocialNet participants were hand-picked from public health authorities and WHO Country Offices in twenty countries across WHO's European Region (EUR). They began the week by working together to explore core concepts and technical topics. Then they travelled to a Red Cross camp for a two-day simulated emergency. There they put their new-found knowledge into practice in the field, under the escalating pressure of a rapidly evolving crisis. "SocialNet is as close to a real emergency as it gets," says Miljana Grbić, WHO Representative and Head of WHO Romania.

Real-world skills

In the months that followed, participants drew on their SocialNet experience to join and shape the COVID-19 response in their home countries. For example, Oskars Sneiders, Head of the Communication Division in Latvia's Ministry of Health, used principles of transparency and early announcement emphasized during SocialNet to improve the ministry's risk communications during the pandemic. "When COVID-19 emerged, we quickly committed to daily press conferences and answered each and every question. If we didn't have the answer, we said so honestly," says Sneiders. The result has been impressive: "people really listened and followed our recommendations, which has helped us to keep case numbers down."

Zlatan Peršić, from the Ministry of Health of the Federation of Bosnia and Herzegovina, similarly attributes communications successes to SocialNet training in community engagement. "After returning home, my ministry opened a Facebook profile which grew to reach approximately one million people. Social listening, data collection and analysis from the page now allows us to continuously adjust our response strategy," says Peršić.



Image credit: WHO/Regional Office for Europe

A team effort

Like the pandemic itself, SocialNet 2019 was a test of character as much as skill, where cooperation and coordination succeed. Michail Okoliyski, public health officer in WHO Bulgaria, looks back on the long hours and unrelenting pressure of the field simulation, saying "you only make it through if your team focuses on the shared objective of serving your community, stopping the disease and saving lives". He adds "During SocialNet, we learned how to manage stress as a team with inspiration, professionalism and responsibility. This teamwork was, and still is, what keeps me going through dark moments such as the current COVID-19 pandemic."



Image credit: WHO/Regional Office for Europe

The delivery of SocialNet 2019 was supported by the PIP PC. The exercise was delivered by a unique team of facilitators and trainers from WHO, UNICEF, the European Centre for Disease Prevention and Control, and US CDC—a combination of partners and expertise not seen before during trainings in the EUR.

Pandemic influenza planning pays off for COVID-19 in South East Asia

Across WHO's South East Asia Region, countries are reaping the rewards of long-term investment in IPPP as they develop and implement their response to the COVID-19 pandemic.

WHO's SEAR has invested heavily in preparing for pandemic influenza for nearly two decades. As early as 2003, countries began developing and exercising plans for responding to an influenza pandemic. Since 2018, the PIP PC has supported six countries in the region to advance IPPP. As the region grapples with the fast evolving COVID-19 pandemic, its past investments and efforts are really bearing fruit as five out of six countries are leveraging their IPPP capacities and plans to support the pandemic response.

Harnessing influenza infrastructure

All PIP PC supported countries were actively updating, testing or finalizing their plans when COVID-19 struck. Some quickly adapted their pandemic influenza plans to COVID-19. Others harnessed influenza infrastructure and capacities for the pandemic. Individual countries drew on national disaster management structures and risk communication capacities to manage the COVID-19 response; used NICs for COVID-19 testing; deployed influenza surveillance systems to monitor trends; and delivered pre-existing training modules to rapidly refresh staff in case management and outbreak response for severe acute respiratory infections.

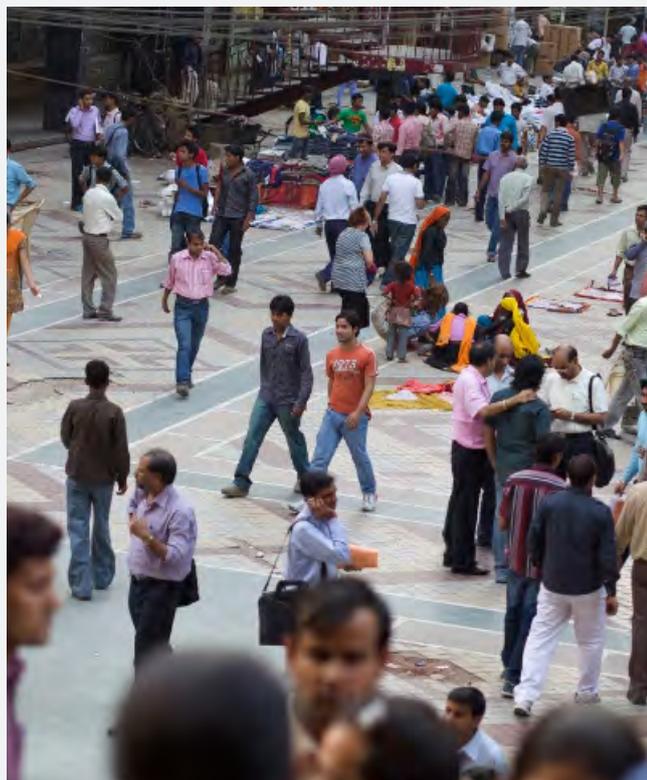


Image credit: WHO/Regional Office for South-East Asia

IPPP in six SEAR countries since the publication of WHO's Pandemic Influenza Risk Management guidance in 2013

In 2013-2017:

- 5** countries updated plans
- 1** exercised its plan at least once

For COVID-19:

- 2** adapted their influenza plans and used different components to inform the response

As PC-recipient countries in 2018-2019:

- 2** countries updated their plans
- 3** were revising their plans
- 2** exercised their plans

- 3** used the principles and capacities outlined in their influenza plan for COVID-19

- 1** reported not using its plan

Affected by outbreaks of avian influenza since 2003, South East Asian countries know better than most the importance of contingency planning and pandemic preparedness. By the time the 2009 influenza pandemic hit, all already had a plan for tackling a new influenza virus; and later, when the global emphasis turned to strengthening cross-cutting core capacities through National Action Plans for Health Security (NAPHS), the region remained committed to IPPP as the contingency plan for biological hazards.

Collateral benefits for core capacity strengthening

Today, in the midst of the COVID-19 pandemic, the region remains committed to strengthening IPPP, either through a standalone plan, as part of a NAPHS, or another national emergency plan. In the run-up to the annual WHO South East Asia Regional Committee Meeting, countries have emphasized the value of sustainably strengthening core capacities under the International Health Regulations (2005) and pandemic preparedness including through the lens of influenza. This is a major milestone in a diverse region that is home to nearly a fourth of the world's population; one that promises to allow countries to continue capitalizing on the gains made from nearly two decades of national pandemic influenza investment.

Mongolia FETP support in COVID-19 response operations

Mongolian Field Epidemiology Training Program (FETP) graduates are serving at the forefront of emergencies and outbreaks where their contribution is having a measurable impact. They have strengthened the country's capacity to rapidly detect and respond not only to COVID-19, but to public health emergencies and outbreaks at all levels.

The FETP has been instrumental for the country's COVID-19 response operations, with graduates placed at all levels of response operations. Mandated through Ministerial Orders, 15 COVID-19 surveillance and rapid response teams were established, comprising 98 members. Of these, 20% are FETP graduates, with eight teams led by graduates. These teams have primarily been responsible for contact tracing of suspected cases, interviewing repatriated individuals, confirming hospitalized cases using a standard questionnaire, and collecting samples for testing.

Training and retention

In part supported by the PIP PC, the Mongolia FETP produced 70 graduates across nine cohorts. Graduates hail from various sectors, professions, and levels including doctors, public health leaders, laboratory specialists, biologists, and veterinarians. Most importantly, the program features a high post-graduate retention rate, with 86% currently working for the Government, 75% working in the national epidemiology and surveillance system, 8% in the private sector, and 6% in non-governmental organizations. While initially the program was supported by development partners, the Mongolian government progressively took ownership of the program delivery – demonstrating long-term sustainability for their health workforce development.



Image credit: WHO/Regional Office for the Western Pacific



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On-the-ground research and analysis

The Mongolian FETP has played a vital role in improving scientific knowledge following outbreak investigations. Leaders have instilled a culture among graduates of publishing results from epidemiological investigations – most notably with seven scientific pieces on the COVID-19 response published by FETP graduates.

Of note are two studies conducted by cohort trainees. One focused on the clinical characteristics of initial COVID-19 confirmed cases, and showed that 21% of cases had no symptoms upon testing, and 33% had mild illness. The second study focused more on an analysis of RCCE data – particularly around calls to hotlines, and prevention and care information shared through the Ministry of Health's social media channels. This study found that when the first COVID-19 case was confirmed in Mongolia, there was a peak of inbound calls 2.9 times higher than the average number of daily calls, with the highest number of calls about medical services.

This on-the-ground data collection, research, and analysis is integral for operational decision-making, with RCCE a key pillar of the Mongolian response to COVID-19. Over time, the continuous strengthening of Mongolia's health workforce is better preparing the country for future outbreaks and pandemics.

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