PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK

18-MONTH PROGRESS REPORT

1 January 2020 – 30 June 2021

World Health Organization

PIP@10
CELEBRATING A DECADE OF IMPLEMENTATION
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<th><strong>ACRONYMS &amp; ABBREVIATIONS</strong></th>
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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 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 contributions. 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.

Response to COVID-19 overshadowed implementation of all activities covered in this report. A central, recurring theme, has been the invaluable global asset that GISRS represents for the global response. The targeted capacity-strengthening activities supported by PIP have also been recognized, and despite slow-downs, some notable results and impact have been achieved, as reflected in this report. Care was exercised at all times to ensure that PIP PC funds were used to implement influenza specific capacity-strengthening activities, and periodic risk assessments were done to manage and, to the extent possible, minimize the impact of COVID-19 on PIP PC implementation.

Many staff across WHO Clusters and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work. The report is structured as a series of infographics as follows:

- PIP Framework implementation overview  pages 5 - 7
- Technical and financial implementation progress  pages 8 - 18
- Stories from the field  pages 19 - 23

For previous reports, see https://www.who.int/influenza/pip/partnership_contribution/en/
IMPLEMENTATION
OVERVIEW
**PIP PC collection** (As of 30 June 2021)

**PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS**

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<tr>
<td>MLLN US$</td>
<td>18</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>19</td>
<td>19</td>
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**Invoices issued**

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<tr>
<td>MILLION US$</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td>45</td>
<td>50</td>
<td>55</td>
<td>60</td>
<td>65</td>
</tr>
</tbody>
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**Target**

- 99%
- 97%
- 98%
- 97%
- 97%
- 66%
- 0%

**$227.7M CONTRIBUTED BY INDUSTRY**

*a* In 2012, contributions were made voluntarily.

*b* Figure includes PSC. PC collection for previous unpaid contributions and 2021 invoices is in process. Invoices for 2021 were issued on 25 June 2021. The figure does not include interest earned on Response Funds of $3.6M in 2018-20.

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**PIP PC financial implementation** (As of 30 June 2021)

**PREPAREDNESS**

- **2020-2021 BIENNIAL BUDGET:** $31.4M
- **FUNDED:** $23.4M
- **IMPLEMENTED:** $12.2M

**RESPONSE**

- **TOTAL IN RESERVE (WITH PSC & INTEREST ACCRUED FOR 2018-20):** $65M

**LEGEND**

- Biennial budget
- Funded
- Implemented

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**PIP Framework outcome indicators**

**OUTCOME**

Improved global pandemic influenza preparedness and response through the implementation of the PIP Framework

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2019 Baseline</th>
<th>2020 Status</th>
<th>2021 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=4)</td>
<td>71%</td>
<td>75%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of PC recipient Member States reporting to FluNet (sustainability indicator, N=41)</td>
<td>97%</td>
<td>88%</td>
<td>≥85%</td>
</tr>
<tr>
<td>% of PC recipient Member States reporting to FluID (N=41)</td>
<td>81%</td>
<td>73%</td>
<td>70%</td>
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<tr>
<td>% of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=11)</td>
<td>11%</td>
<td>0%</td>
<td>40%</td>
</tr>
<tr>
<td>No. of PC recipient Member States that have implemented regulatory approach (N=48)</td>
<td>22</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=63)</td>
<td>52%</td>
<td>56%</td>
<td>75%</td>
</tr>
<tr>
<td>% of influenza vaccine &amp; antiviral manufacturers that concluded an SMTA2 (N=32)</td>
<td>41%</td>
<td>44%</td>
<td>50%</td>
</tr>
<tr>
<td>% of Partnership Contributions received in the year of invoice (N=$28M)</td>
<td>58%</td>
<td>52%</td>
<td>100%</td>
</tr>
</tbody>
</table>
SMTA2: SECURING PRODUCTS FOR PANDEMIC RESPONSE

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

<table>
<thead>
<tr>
<th>Large / multi-national manufacturers</th>
<th>Medium-sized manufacturers</th>
<th>Small manufacturers</th>
</tr>
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<tbody>
<tr>
<td>&gt;75M pandemic production</td>
<td>&gt;5M and &lt;75M pandemic production</td>
<td>&lt;5M pandemic production</td>
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<td>6 of 6 concluded</td>
<td>7 of 10 concluded</td>
<td>1 of 16 concluded</td>
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~10% OF FUTURE PANDEMIC PRODUCTION (>400M DOSES)

Estimate based on use of existing technologies - figures may vary depending on use of newer technologies.

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS

- 10M TREATMENT COURSES OF ANTIVIRALS
- 250,000 DIAGNOSTIC KITS
- 25M SYRINGES

74 SMTA2 WITH ACADEMIC & RESEARCH INSTITUTIONS

NEW: 1 additional SMTA2 signed in 2021

29 BENEFIT-SHARING OFFERS FROM ACADEMIC & RESEARCH INSTITUTIONS

PIP Framework governance

The COVID-19 pandemic has continued to challenge all aspects of WHO’s work, including implementation of the PIP Framework. As a result of travel restrictions and public health advice, the PIP Framework Advisory Group was held in a virtual format on 22-26 March 2021, preceded by two Technical Briefings on: (1) Advisory Group work to date on Genetic Sequence Data (GSD), and (2) COVID-19 & influenza virus sharing.

The PIP Framework Secretariat is contributing to various initiatives undertaken to improve the response to a pandemic and better prepare for future health emergencies. In particular, there is continued engagement with stakeholders to discuss pandemic vaccine deployment activities with a view to operationalizing the SMTA2 terms and conditions at the time of the next influenza pandemic. Additionally, the Secretariat is supporting the work that WHO is undertaking to develop a BioHub and the International Pathogen Surveillance Network.
IMPLEMENTATION PROGRESS
**Laboratory & surveillance**

**Biennial budget:** $Xm  
**Implemented:** $Xm

**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**

- PISA trainings completed
- Outbreak detection & response trainings
- Meetings, workshops, joint investigation & risk assessments

**Highlights**

- Despite the disruptions caused by the COVID-19 pandemic, countries continue to strengthen influenza surveillance, investigate acute respiratory disease events, complete human-animal interface risk assessments and conduct trainings to improve outbreak investigation and response capacities. These are essential components of the IHR core capacities for public health emergency preparedness.

- X additional training on PISA was conducted in January-June 2021 bringing the total number of PISA trainings since January 2020 to X trainings completed by X countries.

- The PISA tool is being evaluated to assess its utility. The evaluation will take into consideration the experience from the COVID-19 pandemic response and involve stakeholder consultations.
Laboratory & surveillance

BIENNIAL BUDGET: $20M | IMPLEMENTED: $8.8M
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**
  - PISA trainings completed
    - 10 countries from 4 regions
  - Outbreak detection & response trainings
    - 353 countries from 6 regions
  - Meetings, workshops, joint investigation & risk assessments
    - 38 countries from 6 regions

- **HIGHLIGHTS**
  - Despite the disruptions caused by the COVID-19 pandemic, countries continue to strengthen influenza surveillance, investigate acute respiratory disease events, complete human-animal interface risk assessments and conduct trainings to improve outbreak investigation and response capacities. These are essential components of the IHR core capacities for public health emergency preparedness.
  - 1 additional training on the Pandemic Influenza Severity Assessment (PISA) tool was conducted in January-June 2021 bringing the total number of PISA trainings since January 2020 to 10 trainings completed by 9 countries.
  - The PISA tool is being evaluated to assess its utility. The evaluation will take into consideration the experience from the COVID-19 pandemic response and involve stakeholder consultations.

**DELIVERABLE B**
Quality influenza virus detection capacity is sustained

- **MILESTONES**
  - Laboratory trainings, missions and visits completed
    - 104 countries from 6 regions

- **2021 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 2021 External Quality Assessment Program (EQAP) panel was sent to countries in July. EQAP is used to monitor, sustain and drive improvements in virus detection capacity.
  - Since January 2020, 104 missions and trainings were conducted for 62 countries to provide laboratory training, Quality Management System mentoring and NIC support.
  - On 4 June 2021, WHO announced the designation of a new WHO Collaborating Centre (CC) at the Human-Animal Interface of Influenza, the State Research Institute of Virology and Biotechnology “VECTOR” in Novosibirsk, the Russian Federation. VECTOR is the 7th WHO Collaborating Centre of GISRS after many years’ efforts.

**DELIVERABLE C**
Countries are supported to consistently report influenza data to global platforms

- **MILESTONES**
  - Regional meetings held to improve global surveillance systems
    - 6 countries from 3 regions
  - Trainings, missions & other types of support for surveillance provided
    - 238 countries from 6 regions
  - Regional bulletins published
    - 225 regions

- **HIGHLIGHTS**
  - Since January 2020, 6 regional virtual meetings were held to improve regional and global surveillance systems and 85 countries were supported to share data with regional or global influenza surveillance platforms. Consistent and timely data reporting is critical to monitor influenza activity and to inform risk assessments. The participation of more countries increases the representativeness of the global systems. This is why despite the COVID-19 pandemic WHO continues to support all countries to improve and sustain their surveillance and global collaboration efforts.
  - Regions continue to publish surveillance bulletins on influenza activity including intensity, spread, severity, virus detections and characteristics. These bulletins facilitate decision-making as well as continuous surveillance system improvements.
Laboratory & surveillance

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

MILESTONES

**3** Trainings on infectious substance shipping completed

**10** countries from **1** region

**$1.3M** IMPLEMENTED

**HIGHLIGHTS**
- Since January 2020, 10 countries from 1 region conducted trainings in infectious substance shipping to certify shippers. In the event of a novel virus emergence having certified shippers is critical to rapidly share and characterize the virus.
- 24 countries made 30 shipments of influenza viruses/clinical specimens to WHO CCs. This is compared to 71 countries making 106 shipments in the same period last year. This decrease can be attributed to lower influenza activity leading to countries having fewer samples to ship, and challenges in maintaining influenza surveillance during COVID-19.
- WHO is constantly advocating for the regular and timely virus sharing according to operational guidance to facilitate the work of GISRS in global risk management.

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

MILESTONES

**6** Protocols and guidance reviewed, including translations

**2** new CVVs proposed in latest VCM

**184** Shipments made using the SFP

**95** countries from **6** regions

**$123K** IMPLEMENTED

**HIGHLIGHTS**
- Two new Candidate Vaccine Viruses (CVV), H5N8 and (H1)v, were proposed during the February 2021 Vaccine Composition Meeting based on the latest antigenic, genetic and epidemiologic data. As zoonotic influenza viruses continuously evolve, regular selection and development of CVVs is essential for global pandemic preparedness.
- WHO updated the guidance on Molecular diagnosis of influenza viruses in February 2021. This guidance includes three updated protocols on Multiplex Real-time Polymerase Chain Reaction (RT-PCR) assay for the detection of Flu SARS-CoV-2, real-time RT-PCR for the initial screening of SARS-CoV-2, Influenza A, B and C viruses and one-step real-time RT-PCR 4-plex assay for the detection and subtyping of influenza A, B, H1pdm09 and H3 viruses.
## Burden of Disease

**BIENNAL BUDGET:** $2M  |  **IMPLEMENTED:** $540K  
**OUTPUT:** Influenza disease burden estimates are used for public health decisions

### DELIVERABLE A
Representative national, regional and global disease burden estimates are available

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<th>HIGHLIGHTS</th>
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| Number of countries in each burden of disease estimate development stage (N=194) | - In January-June 2021, 3 additional countries published their BOD estimates and 4 updated their previous findings bringing the total to 46 countries with BOD estimates globally. Of the 46 countries, 67% (31) are low and middle income countries (LMIC). In addition, 54 countries have either already calculated or established a plan to calculate their national BOD estimates.  
- To date, 69 countries including 23 LMICs have shared their data for use in regional or global BOD estimate calculations.  
- Following the experience of COVID-19 vaccine deployment planning, there is more accurate information on the numbers within each of the high-risk groups. Using these data, there is an opportunity to re-estimate and model influenza burden in specific high risk-groups. While current resourcing limitations limits larger risk-group or country studies to be conducted widely, some countries are moving ahead with smaller studies. In EUR, a number of healthcare worker vaccine effectiveness studies have been launched in Albania, Azerbaijan, and Georgia. These studies will provide important insight into the burden of influenza in healthcare workers and inform seasonal influenza vaccination policies for other identified high-risk groups.  |

![BOD calculated in 22 countries](image)

| Implementation plan established in 32 countries |  |
| BOD findings published in 46 countries |  |

- **IMPLEMENTED:** $144K

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

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| 1 country Shared/communicated BOD estimates to decision-making bodies | - In addition to the case study completed by Chile in 2020 and to the work being completed in Costa Rica, Guatemala and Paraguay, WHO is engaging with regions to develop more case studies on the use of influenza burden of disease estimates by national policy-makers.  
- Following the HLIP II Mid-Term Review completed in May 2021, progress measures for this Deliverable are being revisited to better reflect the work implemented in this field.  
- The PIP supported work on BOD adds evidence on the health and economic burden of influenza including in high-risk groups. This information is shared with and used by deliberative and advisory bodies such as the SAGE Working Group (WG) on Influenza. The SAGE WG reviews scientific evidence and programmatic considerations to whether there is sufficient evidence to inform a revision of the global policy on the use of influenza vaccines.  |

![Shared/communicated BOD estimates to decision-making bodies](image)

- **IMPLEMENTED:** $396K
## Regulatory capacity building

**BIENNIAL BUDGET: $2.9M | IMPLEMENTED: $1.4M**

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

### DELIVERABLE A

**National regulatory capacity for pandemic influenza products is strengthened**

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<th>MILESTONES</th>
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<tr>
<td>2 Refinements made to WHO GBT</td>
<td>• In January-June 2021, two countries conducted self-benchmarking in anticipation of future external WHO benchmarking missions.</td>
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<tr>
<td>0 Country WHO-benchmarked</td>
<td>• WHO developed a network for strengthening regulatory systems called the Coalition of Interested Parties. This network was established to promote a unified, strategic and coordinated approach to strengthening national and regional regulatory systems. This collaborative approach has been implemented in 3 countries with the involvement of several partners including FAO, JICA, USAID, USP-PQM, and the World Bank, to develop joint plans supporting end-to-end regulatory system strengthening.</td>
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<tr>
<td>5 Countries self-benchmarked</td>
<td>• In June 2021, regulators from 8 countries attended a capacity-strengthening webinar co-hosted by WHO and Swissmedic. The training focused on the use of methods and procedures in Quality Management Systems, Marketing Authorization and Registration and Vigilance, in accordance with international standards.</td>
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<td>5 IDP follow-up visits</td>
<td>• Since 2014, WHO has been supporting 48 countries on emergency regulatory preparedness. Countries were selected based on lessons learnt and gaps from the 2009 influenza pandemic. In 2009, 10 out of the 48 countries did not receive WHO donated vaccines. During COVID-19, 9 of these 10 countries received vaccines by 23 June 2021. Most (n=8) had timely regulatory approval of the product within 15 days of WHO EUL, and one country approved a product on Day 17. This points to the gains made overtime in strengthening country regulatory systems for timely actions during an emergency.</td>
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<td>13 IDP implementation &amp; technical support activities</td>
<td>• A digital simulation exercise “In preparation for Public Health Emergency” was developed and used during two regional workshops in 2021 on emergency regulatory preparedness. This involved 18 countries. The exercise illustrates potential challenges that may be encountered during an emergency. This exercise tool will continue to be used to identify strengths and areas for improvement amongst agencies jointly responsible for vaccine access in emergency situations.</td>
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**IMPLEMENTED: $792K**

### DELIVERABLE B

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

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<td>WHO regulatory preparedness guidelines translated to 5 other official languages</td>
<td>• A combination of country and regional approaches are used to support countries in ensuring timely regulatory approval of pandemic products. See the story from the field on p.21 for a regional application.</td>
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<td>11 Workshop/training conducted to implement the PIP regulatory guidelines linking national IPPP &amp; NDVP for pandemic influenza vaccines</td>
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**IMPLEMENTED: $579K**
Risk Communications & Community Engagement

**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**

**BIENNIAL BUDGET:** $2.3M  
**IMPLEMENTED:** $462K

**MILESTONES**

- **22** Influenza guidance/courses available on OpenWHO
- **0** OpenWHO advocacy & marketing event
- **0** RCCE factor mapped in 0 priority country

**IMPLEMENTED**

- $228K

### DELIVERABLE B

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

**BIENNIAL BUDGET:**  
**IMPLEMENTED:**

**MILESTONE**

- **29** Trainings, missions and other types of technical support provided involving

**IMPLEMENTED**

- $234K

### HIGHLIGHTS

- OpenWHO continues to grow as a global learning platform with 5.4 million learner enrollments and more than 100 courses of which 36 are on COVID-19 and 68 on other pandemic, outbreak, infectious disease and health emergency. Courses are available in up to 55 languages with increasing emphasis on the needs of vulnerable communities. OpenWHO is helping health and other emergency responders to access life-saving verified information in their mother tongues.

- The WHO epidemic information network (EPI-WIN) created a methodology for developing an outbreak-specific public health social listening taxonomy that can be adapted for influenza. The approach has been field-tested for COVID-19 tracking content in 2 languages for detecting information voids and potential narratives-of-concern to inform the emergency response.

- Previous PIP PC investments continue to support and strengthen the response to the COVID-19 pandemic.
Planning for Deployment

**BIENNIAL BUDGET:** $1.3M  |  **IMPLEMENTED:** $255K

**OUTPUT:** Plans for effective & efficient deployment of pandemic supplies are optimized

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<th>DELIVERABLE A</th>
<th>MILESTONES</th>
<th>HIGHLIGHTS</th>
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<td>A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners</td>
<td><img src="image" alt="Graph" /></td>
<td>- Global focus remains on the COVID-19 pandemic response with stakeholders and Member States heavily involved in the deployment of COVID-19 vaccines. Thus, despite no specific gains in this Deliverable, lessons from COVID-19 will be beneficial to future influenza pandemic preparedness. Best practices and approaches will be identified to inform future pandemic response.</td>
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| National deployment planning process is revised and updated | ![Graph](image) | - Since its roll out in 2018, over 18 100 individuals registered to the OpenWHO course for developing and updating NVDPs. The uptake is an important milestone for orienting countries in good planning for product deployment. The knowledge will be beneficial for future public health emergencies including the next influenza pandemic.  
- The PIP supported pandemic influenza guidance and tools were used to rapidly develop the Guidance on Developing an NDVP for COVID-19 Vaccines. The lessons learned from the application of these resources to the COVID-19 response will be leveraged and used to refine tools for developing and operationalizing pandemic influenza NDVPs. |

<table>
<thead>
<tr>
<th>DELIVERABLE C</th>
<th>MILESTONES</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
</table>
| Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries | ![Graph](image) | - Following the initiation of a sustainability assessment in 2019, a final stakeholder workshop was held in October 2020 to review options for sustaining local production of influenza vaccines in Serbia. This workshop followed the approval of the Torlak Institute’s seasonal influenza vaccine. Ongoing assistance is being provided to explore options for sustaining influenza vaccine production, including expanding production capacity and transitioning to quadrivalent influenza vaccine production.  
- WHO is in the process of reviewing previous sustainability assessments of influenza vaccine production in countries supported under the Global Action Plan for Influenza Vaccines (GAP), and one assessment in a non-GAP country, to compile lessons learned. This publication will also review WHO’s sustainability assessment tool and identify options for updating it.  
- WHO continues to provide technical resources and advocacy materials to the influenza vaccination toolbox to assist Member States develop and strengthen their influenza vaccination programmes. |
**Influenza Pandemic Preparedness Planning**

**BIENNIAL BUDGET:** $2.9M  |  **IMPLEMENTED:** $702K

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

<table>
<thead>
<tr>
<th>DELIVERABLE A</th>
<th>MILESTONE</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries are supported to develop, test and update their pandemic influenza preparedness plan</td>
<td><strong>Planning meeting held/workshop completed</strong></td>
<td>• Countries develop IPPPs in a step-wise approach which requires time and consistent stakeholder engagement. Cumulatively since 2018, 18 countries held planning meetings, 22 wrote/revised their IPPPs, and three endorsed their IPPPs. In January-June 2021 alone, 1 country finalized its national IPPP and 3 countries initiated their IPPP revisions by holding meetings with multiples stakeholders including Ministries of Health, Agriculture and Finance.</td>
</tr>
<tr>
<td><strong>Number of PC recipient MS developing/revising their IPPP since January 2018</strong></td>
<td><strong>IPPP written or revised</strong></td>
<td>• COVID-19 has tested pandemic capacities, protocols and procedures. A number of countries are conducting Intra-Action Reviews for their COVID-19 response. The recommendations and lessons learned from these activities will be incorporated into their IPPPs and seasonal influenza preparedness. Since 2018, in EMR, with the use of PIP funds, 6 out of 9 countries updated their IPPP which were then adapted for the COVID-19 response. In SEAR, the Regional Office has been advocating for countries that have responded to localized and/or severe influenza outbreaks to conduct after-action reviews to learn from experiences and further strengthen pandemic and epidemic preparedness.</td>
</tr>
<tr>
<td></td>
<td><strong>IPPP endorsed</strong></td>
<td>• In 2021, WHO established an Acute Respiratory Pathogen Preparedness Course through the WHO Academy. Country teams consisting of national authorities and WHO staff are mentored to develop a respiratory pathogen preparedness strategy. The teams build relationships with and leverage experiences from other countries based on their response to COVID-19 and broader preparedness efforts. 6 PIP PC recipient countries from 4 regions are participating in this pilot.</td>
</tr>
<tr>
<td></td>
<td><strong>IPPP exercises completed in 2 countries 1 region</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$702K IMPLEMENTED</td>
<td></td>
</tr>
</tbody>
</table>
**TITLE**: Pandemic Influenza Preparedness Framework 1 January 2020 - 30 June 2021

**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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Implemented</th>
<th>Implementation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework</td>
<td>$815K</td>
<td>13 - Under discussion, 0 - In process (draft reports), 6 - Final &amp; published</td>
</tr>
<tr>
<td>Number and status of documents/reports developed for the World Health Assembly (WHA)</td>
<td>$815K</td>
<td>22 - Advocacy materials/events completed to promote the PIP Framework to stakeholders</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**
- The PIP Advisory Group held its second virtual meeting on 22-26 March 2021. Two Technical Briefings were held in advance of the meeting: (1) Advisory Group work to date on GSD, and (2) COVID-19 & influenza virus sharing.
- The opening day of WHA 74 marked the 10th anniversary of the adoption of the PIP Framework. The Director-General recognized this in his opening remarks, thanking Member States and stakeholders for their continued commitment to this unique partnership. See p.20 for more about PIP@10.
- The COVID-19 pandemic continues to challenge the PIP Framework’s advocacy efforts. However, the Secretariat was still able to engage with GISRS, industry, civil society, databases and initiatives, and academia.

### DELIVERABLE B
Collect, implement, monitor, and report on the Partnership Contribution

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Implemented</th>
<th>Implementation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC implementation updates published in newsletter</td>
<td>$1.1M</td>
<td>11 - Early scoping Under discussion, 0 - In process (draft reports), 6 - Final &amp; published</td>
</tr>
<tr>
<td>Site monitoring visits</td>
<td></td>
<td>2 - Advocacy materials/events completed to promote the PIP Framework to stakeholders</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**
- PC 2021 invoices were issued to 38 manufacturers in June 2021, earlier than the previous year. This will facilitate timely collection of funds in the year of invoice.
- 2 virtual monitoring visits were conducted since January 2021. The missions aim to advocate for HLIP II implementation, strengthen partnerships, and build synergies and sustainability during COVID-19 pandemic.
- A Mid-Term Review of HLIP II was conducted to assess progress and to determine if adjustments were needed to improve implementation. Six recommendations were made to address hindrances to implementation and to catalyze pandemic preparedness in light of COVID-19. WHO is implementing these recommendations and will also use these to inform the design of the next HLIP II. See p.23 for more details.
- Workplan development for 2022-2023 started in February 2021. Workplans build on 2020-21 achievements and COVID-19 lessons learned to date. The lengthy consultation process maximizes coordination with other influenza investments and coherence at the country, regional and global level.
- Next steps include consultation with PCITEM in August-September, workplan revision and approval in November, and funds release in December.

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

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Implemented</th>
<th>Implementation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SMTA2s in negotiation</td>
<td>$615K</td>
<td>3 - Early scoping/Under discussion, 0 - In process (draft reports), 1 - Final &amp; published</td>
</tr>
<tr>
<td>With manufacturers of vaccines and/or antivirals</td>
<td></td>
<td>44 - With manufacturers of vaccines and/or antivirals, 56 - With academic &amp; research institutions</td>
</tr>
<tr>
<td>With manufacturers of other pandemic related products</td>
<td></td>
<td>0 - With manufacturers of other pandemic related products</td>
</tr>
</tbody>
</table>

**HIGHLIGHTS**
- A process is being undertaken to amend 84 SMTA2s to reflect the 2019 amendment to the PIP Framework (Decision WHA72 (12), OP(2)), by adding the new reporting obligations for the indirect use of PIP BM.
- WHO has been engaging with 2 vaccine manufacturers to conduct the 4-year review of their previously concluded SMTA2s.
- Meetings continue with stakeholders to discuss pandemic vaccine deployment activities that will be needed to operationalize the SMTA2 terms and conditions at the time of the next influenza pandemic.
STORIES FROM THE FIELD
PIP turns 10!

On 24 May 2021, we celebrated ten years since WHO Member States adopted the PIP Framework. As we reach this milestone, we look back on some of our achievements.

For a decade WHO has systematically implemented the PIP Framework in partnership with the GISRS, industry and other partners. We have collected more than US$225 million in partnership contributions. And our investments in capacity strengthening have built pandemic influenza preparedness around the world. They also contributed to some of the earliest and continuing successes of the global COVID-19 response.

Today, thanks in part to efforts by the PIP Framework and partners:

- More than 150 laboratories across 126 countries, areas and territories contribute to the GISRS and can share influenza viruses.
- 11 new National Influenza Centres (NICs) have been officially recognized by WHO.
- 420M doses of pandemic influenza vaccine have been secured for use by WHO in the event of a pandemic, through legally binding PIP SMTA2 advance supply contracts with 14 manufacturers.
- 10 million antiviral treatments, 250 000 diagnostics kits and 25 million syringes have also been secured through PIP SMTA2 agreements.

And as a result of the investments made, there was a measurable and positive impact on the COVID-19 response. For example:

- 50 000 sentinel specimens are tested for COVID-19 each week through GISRS, with data reported through WHO platforms including FluNet.
- More than five million people have enrolled to the OpenWHO platform, a platform that was developed through PIP support, including for the 28 COVID-19 courses that are available in 50 languages.
- All 40 countries that received PIP support were able to develop a COVID-19 response plan in 2020 - some within 4 months of WHO’s determination of a Public Health Emergency of International Concern.
- 94% of the 48 PIP-supported countries were able to authorize COVID-19 vaccines within 15 days of WHO issuing an emergency use listing.
Regulatory reliance increases access to COVID-19 vaccines in the Caribbean

In March 2021, the Caribbean Regulatory System (CRS) issued its first recommendations for the emergency use of four COVID-19 vaccines. Thanks to the support of the PIP Partnership Contribution, these recommendations, enabled through reliance-based review are speeding up access to critical pandemic supplies in the Caribbean countries.

Since the establishment of the CRS in 2016, WHO/PAHO with the support of the PIP PC has continuously engaged with National Regulatory Authorities (NRAs) to improve decision-making in relation to the approval of pandemic products and the fast-tracking of emergency use products during a pandemic.

In the last 5 years, the CRS has recommended over 150 products for market authorization and registration, including essential medicines, vaccines, biotherapeutics, and diagnostic kits. The CRS made these recommendations using reliance, a process whereby NRAs strongly consider the evaluations of another NRA or trusted institution in their own assessments. This type of review has been highly encouraged by WHO/PAHO to expedite assessments of data and evidence, and it is especially valuable during a pandemic as a way of fast-tracking the emergency use of new products.

As the COVID-19 pandemic began to unfold, the CRS used new guidance on how to use reliance to create a reliance-based review mechanism for the expedited verification of medical products for emergency use against this new virus. The CRS also signed confidentiality agreements with WHO to access information about all COVID-19 vaccines given WHO emergency use listing. Through this, the CRS was able to review data on the quality, safety and efficacy, risk management, and programmatic suitability of four COVID-19 vaccines.

After review, and considering WHO’s own assessments, the CRS shared its findings with its Member States and issued a certificate of recommendation for each vaccine. These certificates, and their accompanying reports, are expected to:

- facilitate decisions around emergency use authorization or import permit; and
- help countries verify that sourced vaccines are essentially ‘the same’ (in composition, manufacturing, and packaging) as those listed by WHO.

Several countries, including the Bahamas, Dominica, Grenada, Guyana, St. Lucia, and St Vincent & Grenadines have already used CRS recommendations to issue an import authorization and are now receiving vital vaccine supplies.

Long-term capacity building efforts through the PIP PC led to the use of an approach that not only reduced the regulatory time and burden faced by CRS Member States for COVID-19 products, but also proved the value of a process that could be used for a future influenza pandemic, where approval for similar products could be granted rapidly and efficiently.

To find out more about the CRS and the products it has recommended, visit its website at https://www.carpha.org/What-We-Do/CRS/Caribbean-Regulatory-System

Bahamas received 33,600 AstraZeneca vaccines from the COVAX facility. Bahamas was one of the first CARICOM countries to issue an import authorization based on the CRS recommendation of the AstraZeneca/ SK Bioscience COVID-19 vaccine. Image credit: PAHO (Flickr)
A FORCCE for risk communication

The Formidable Officers of Risk Communication and Community Engagement (FORCCE) network, created under the PIP Framework in 2019, is an innovative network bringing WHO regions together to strengthen the global COVID-19 response. It has proved instrumental in enabling the use of a range of tools and tactics to improve risk communications and community engagement across the world.

When it was first established, the FORCCE network focused on capacity building and influenza preparedness to develop and strengthen countries’ capacities for emergency risk communication, which is one of the eight core capacities under the International Health Regulations (IHR) (2005).

During the COVID-19 pandemic, the network has evolved to help shape and support the ongoing global response. It meets every week to strategize and discuss content. By regularly exchanging experience and expertise about their shared challenges, the FORCCE network is able to identify and share diverse solutions.

Through the network, the Regional and headquarter leads for RCCE have shared key materials, messages and strategies related to COVID-19 over the past 12 months. This has enabled them to identify issues, ensure consistency in countries’ response plans and avoid duplication—a critical time-saver during pandemic response.

The network has, for example, effectively responded to the challenges of pandemic fatigue, social cohesion, and the translation of evolving science. It has also developed and shared social listening data, sentiment analyses, tailored risk communication materials, rumour monitoring strategies, behavioural insights survey tools, and country- and community-focused capacity building products.

Tools and tactics developed in one region are being shared and used by others, including for example:

- Community engagement technical assistance (AFRO)
- WHO tool for behavioural insights on COVID-19 (EURO)
- Home care for suspected and mild cases of COVID-19 (EMRO)
- An informative guide, Advice for journalists (PAHO)
- Protocol for Infodemics, misinformation and rumor management (SEARO)
- The COVID-19 risk communication package for healthcare facilities (WPRO)

As the FORCCE network continues to evolve, it will continue to provide invaluable learning opportunities for community level capacity building for pandemic influenza preparedness. To this end, a recent mid-course assessment highlighted four challenging areas that need to be addressed: behavioural insights capacity building, message testing, infodemics response, and monitoring and evaluation.
PIP PC High-Level Implementation Plan: mid-term review


The HLIP II guides the use of the PIP PC for strengthening country, regional and global preparedness capacities.

In 2021, a mid-term review evaluated progress under HLIP II from 2018–2020, and as recommended by the PIP Advisory Group, it focused on identifying obstacles to implementation and opportunities for improvement.

Looking back

The review found significant progress towards HLIP II objectives in the three-year period, including:

- 9 new National Influenza Centres;
- 9 countries reported virological data to WHO FluNet and 22 countries reported epidemiological data to FluID for the first time;
- 43 published country influenza burden estimates;
- 7 countries with stronger regulatory capacities (including two in sub-Saharan Africa achieving maturity level 3 indicating stable and well-functioning regulatory systems);
- increased content and reach of OpenWHO; and
- accelerated support for countries to develop influenza pandemic preparedness plans.

Looking forward

The review made six recommendations for strengthening future implementation. Three of these focused on course corrections to improve implementation of the plan:

1. Review indicators and milestones that are no longer fit-for-purpose.
2. Better capture regional actions.
3. Regularly inform stakeholders of how resources are allocated and implemented.

Three recommendations highlighted opportunities to catalyze pandemic preparedness in light of COVID-19:

4. Capture lessons from COVID-19, including alternate ways of responding to a pandemic.
5. Link to independent preparedness reviews to get an overview of country and regional preparedness.
6. Consider how to map PC investments in the context of the broader preparedness landscape.

WHO thanks all stakeholders for engaging in the review. We have started an ambitious plan to implement the recommendations.