The meeting to review implementation of the Pandemic Influenza Preparedness Partnership Contribution (PIP-PC) funds supported activities in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC fund recipient Member States in the WHO Western Pacific and South-East Asia regions was held on 20 August 2021.

The meeting sought to review the status of implementation of PIP-PC funds supported activities in the two regions, and identify challenges and priority areas in the next biennium to further enhance preparedness for the next possible influenza pandemic. The meeting also aimed to conduct the mid-year review of the implementation of PIP-PC funds supported activities in 2021 for South-East Asia and the review for 18 months for the Western Pacific, identify challenges and propose solutions. Implementation of PIP PC funds supported activities was significantly impacted by COVID-19.

The meeting provided the opportunity to countries to share the lessons learnt while implementing PIP-PC funds-supported activities during the pandemic and discuss ways to overcome challenges in the next biennium. Participants also prepared a set of recommendations to achieve the unfinished agenda for 2021 and maximize planning of PIP activities in the 2022–2023 biennium. The report summarizes the proceedings and recommendations of the meeting.
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

Virtual meeting

New Delhi, India, 20 August 2021

Report of the meeting
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

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# Contents

List of acronyms ............................................................................................................... v

1. Welcome and opening remarks ................................................................. 1

2. Meeting objectives ......................................................................................... 1

3. Overview of PIP partnership contribution funding support ......................... 2

4. Virtual café with WHO HQ focal points responsible for the six PIP outputs-related areas ............................................................... 3

   4.1 Laboratory and surveillance ................................................................. 3

   4.2 Regulatory capacity ............................................................................. 3

   4.3 Risk communication and community engagement ............................ 4

   4.4 Planning for influenza pandemic vaccine deployments ...................... 4

   4.5 Burden of disease ............................................................................... 5

   4.6 Influenza pandemic preparedness planning ......................................... 5

5. Parallel sessions – PIP implementation in countries, key achievements and challenges ................................................................. 6

   5.1 Western Pacific Region ...................................................................... 6

   5.2 South-East Asia Region ..................................................................... 9

6. Feedback from parallel sessions ................................................................. 15

   6.2 Western Pacific Region ...................................................................... 15

   6.2 South-East Asia Region ..................................................................... 16

7. Concluding remarks and closure of the meeting ........................................ 17

   7.1 Conclusions ........................................................................................ 17

   7.2 Recommendations .............................................................................. 18

## Annexes

1. Agenda .......................................................................................................... 19

2. List of participants ....................................................................................... 20
# List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APSED</td>
<td>Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies</td>
</tr>
<tr>
<td>EQAP</td>
<td>external quality assessment programme</td>
</tr>
<tr>
<td>GISRS</td>
<td>Global Influenza Surveillance and Response System</td>
</tr>
<tr>
<td>ILI</td>
<td>influenza-like illness</td>
</tr>
<tr>
<td>NIC</td>
<td>national influenza centre</td>
</tr>
<tr>
<td>PIP</td>
<td>pandemic influenza preparedness</td>
</tr>
<tr>
<td>PIP-PC</td>
<td>pandemic influenza preparedness partnership contribution</td>
</tr>
<tr>
<td>SARI</td>
<td>severe acute respiratory illness</td>
</tr>
<tr>
<td>SARS-CoV-2</td>
<td>severe acute respiratory syndrome Coronavirus 2</td>
</tr>
<tr>
<td>SEARO</td>
<td>(WHO) Regional Office for South-East Asia</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WHO HQ</td>
<td>WHO headquarters</td>
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<tr>
<td>WPRO</td>
<td>(WHO) Regional Office for the Western Pacific</td>
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</tbody>
</table>
1. Welcome and opening remarks

Dr Jos Vandelaer, Regional Emergency Director, WHO Regional Office for South-East Asia (WHO-SEARO)

Dr Vandelaer opened the meeting by welcoming all participants on behalf of the regional emergency directors (RED) of the WHO regional offices for South-East Asia and Western Pacific. He noted that influenza remains one of the most serious and underrated public health challenges. Cocirculation of influenza and SARS-CoV-2 has the potential to have detrimental effects on the already strained health systems due to COVID-19. He reminded the audience that while the implementation of pandemic influenza preparedness (PIP) activities has been impacted by the COVID-19 pandemic, many activities undertaken as part of the COVID-19 response have in turn provided collateral benefits for both preparedness for influenza pandemics and COVID-19 response.

He informed the audience that this meeting would provide an opportunity for the WHO South-East Asia and Western Pacific regions to share lessons learned during their response to the pandemic, discuss methods used to overcome the challenges encountered, and fine-tune PIP activities supported by the PIP partnership contribution (PIP-PC) funds for the current biennium for both PIP and COVID-19 response. He emphasized that while the COVID-19 response was important and the need of the hour, it remains crucial to maintain seasonal influenza surveillance and prepare systems for response to the next influenza pandemic.

He was of the opinion that the lessons learned from the current pandemic response would provide insights into response to future influenza pandemics. Against this background, he requested the participants to use the experiences of and lessons learned during the COVID-19 response. He also requested them to build on deliberations at the national influenza centre (NIC) meeting that concluded a day ago to identify the priority areas pertaining to PIP activities to be implemented in the next biennium, with a view to further enhancing pandemic influenza preparedness activities in PIP-PC fund recipient countries in both the regions.

2. Meeting objectives

Mr Phuong Nam Nguyen, Technical Officer, Pandemic Preparedness, WHO Regional Office for the Western Pacific (WHO-WPRO)

Mr Nguyen presented the objectives of the meeting. They were as follows:

(1) Conduct a review of the implementation of PIP-PC funds-supported activities in 2021 for the WHO South-East (SE) Asia Region and over the past 18 months for the WHO Western Pacific Region, identify the challenges encountered and propose potential solutions.
(2) Identify key priority areas and activities for strengthening pandemic influenza preparedness with the support of PIP-PC funds and building on lessons learned from the COVID-19 response in the two regions.

(3) Provide guidance to PIP-PC fund recipient Member States to plan PIP-PC-supported activities for the next biennium (2022–2023), based on key priorities and lessons learned from the COVID-19 response in both the regions.

3. Overview of PIP partnership contribution funding support

Dr Gina Samaan, Team Leader, Pandemic Influenza Preparedness, WHO headquarters (WHO HQ), Geneva

Dr Samaan provided an overview of the PIP framework and high-level implementation plan (HLIP II) outputs, the progress of the implementation of HLIP II to date and collateral benefits of COVID-19 response activities in the context of management of and reporting to the PIP-PC project.

Dr Samaan reminded the audience that 2021 marked 10 years since the adoption of the PIP framework by all 194 Member States. The PIP framework was a consequence of the influenza pandemic (A/H1N1) in 2009. Dr Samaan described the many achievements made since the adoption of the framework to strengthen pandemic preparedness against the five objectives that were to be achieved over a 10 year period. These achievements included:

- 131 countries either starting or improving their influenza laboratories and surveillance for participation in the Global Influenza Surveillance and Response System (GISRS);
- the designation and recognition of 11 new national influenza centres;
- burden of disease estimates being published by 43 countries; and
- the development of regulatory roadmap for timely approval of pandemic influenza products based on WHO guidelines; the development of the open WHO online learning platform with 22 influenza-related courses.

All these achievements demonstrated collateral utility in terms of pandemic response during the COVID-19 pandemic. Dr Samaan then highlighted the sustainability aspects of the PIP framework: Investments through PIP-PC funds contribute to the Global Influenza Strategy (2019–2030). These investments in turn contribute to strengthening of core capacities as outlined in the International Health Regulations (2005). Ultimately, this strengthens the universal health coverage. Finally, Dr Samaan described the PIP-PC project management, including the technical monitoring process, indicators used to measure public health impact of the programme, compliance checks and an update on progress reports.
4. Virtual café with WHO HQ focal points responsible for the six PIP outputs-related areas

**Moderator:** Dr Gina Samaan  
**Focal points:** Dr. Isabel Bergeri (Laboratory and Surveillance), Ms. Razieh Ostad Ali Dehaghi (Regulations), Ms. Melinda Frost (Risk Communication and Community Mobilization), Ms. Ioana Ghiga (Deployment), Ms. Sarah Hamid (Burden of Disease)

Dr Samaan hosted a virtual café with WHO HQ focal points for each of the six PIP outputs in the HLIP results hierarchy. Each focal point was asked the following three questions:

1. Why is this area of work important for pandemic influenza preparedness?
2. What do you expect Member countries to implement in terms of activities to work towards the output?
3. What kind of support is provided for this area of work through the PIP partnership contribution in Member countries?

4.1 Laboratory and surveillance

**Dr Isabel Bergeri, Technical Officer, Global Influenza Programme, WHO headquarters**

The laboratory and surveillance output forms the foundation for pandemic influenza preparedness and is complemented by the other areas of work related to the rest of the five outputs. This has been evident during the COVID-19 pandemic. It has allowed us to learn and understand where the gaps are in the current laboratory and surveillance system. In terms of expected activities to be performed in relation to this output, countries are encouraged to begin to shift their focus to integration of influenza and SARS-CoV-2 surveillance, particularly at the level of influenza sentinel surveillance.

Dr Bergeri informed the audience that integrated surveillance could be formalized through the operationalization of GISRS+ concept. GISRS+ is a concept that aims to leverage the well-established Global Influenza Surveillance and Response System (GISRS) to address the public health needs of multiple pathogens simultaneously in a cost-effective and resource-efficient approach. She was of the opinion that the PIP-PC funds would contribute to evaluating the integrated surveillance of SARS-CoV-2 and influenza in tandem.

4.2 Regulatory capacity

**Ms. Razieh Ostad Ali Dehaghi, Scientist, WHO headquarters, Geneva**

Regulatory capacity-building is critical to ensure timely access to quality-assured pandemic influenza products. During the pandemic of influenza A/H1N1 (2009), a lack of streamlined national registration procedures and preparedness that led to delays in access to quality-assured products was observed. It was highlighted that there is a need for a solid balance between assured quality and timely access to pandemic influenza products. However, this has improved vastly since the pandemic of influenza A/H1N1. The same has been observed during the COVID-19 pandemic.
In terms of expected activities, countries are requested to conduct gap analysis to understand the challenges they may potentially face in the approval process in the face of a pandemic. As preparedness for this, it is important for countries to start building regulatory systems and embed good practices in the regulatory approval process of pandemic products. The support of the PIP partnership contribution funds grants an opportunity to provide guidelines and regulations to identify existing gaps, and then provide technical support to countries to perform the required activities to fill those gaps.

4.3 Risk communication and community engagement

Ms Melinda Frost, Technical Officer, WHO headquarters

Pandemics, no matter which diseases these are caused by, always begin and end with communities. Therefore, it is important to bring them to the forefront of the response. In an age of incredible scientific advancements, rapid development of vaccines and therapeutics also breeds hesitancy of accepting them. The COVID-19 experience has shown the need for better understanding of community perspectives to strengthen engagement with them at both national and subnational levels in countries.

In terms of expected activities, countries need to begin by identifying the challenges they faced in the field of risk communication while noting that risk communication requires a nuanced, rather than a one-size-fits-all, approach. There is a need to better understand the communities that are engaged with and how misinformation spreads to particular communities, but not to others.

While there is a need for communities to be engaged with, it is necessary to let them feel that they are a part of the emergency response. In this regard, the PIP partnership contribution funds could be used for strengthening certain facets of research related to community engagement at the regional level, so as to enable the risk communication and community mobilization team at WHO HQ to gain a better understanding of the community engagement aspects ahead of next health emergencies. Ms Frost also informed the audience that there are plans to expand training support to enhance the country capacities to identify and address country-specific gaps and needs.

4.4 Planning for influenza pandemic vaccine deployments

Ms Ioana Ghiga, Technical Officer, WHO headquarters

Vaccines play a very important role in pandemics, as do other medical commodities, e.g. oxygen. Their efficient and effective use require planning across several pillars. Conditions are also needed to be in place so as to ensure access to these pandemic products and tools once they are developed, preferably on the basis of public health needs and risks. The more frequently the assumptions are planned and tested, the faster these products can be disseminated and administered, and the quicker the response to global health threats would be, and there would be a resultant reduction in morbidity and mortality.
In terms of expected activities, countries are required to capitalize on their efforts during the COVID-19 pandemic on strengthening national preparedness and response capacities. In that regard, countries necessitate immediately bringing together stakeholders involved in the response to capture lessons learned during the COVID-19 pandemic. Ms Ghiga concluded that planning for influenza pandemic readiness has benefitted the COVID-19 response. In turn, the experience of COVID-19 response will provide benefits to management of influenza pandemics in the future.

It is, therefore, important to maintain flexibility in planning for national pandemic vaccine deployment. Countries require to capitalize on the national vaccine deployment plans they have developed and engage in conducting simulation exercises to continue to strengthen the processes included in the deployment plans. The PIP partnership contribution funds support national workshops to review and capture lessons learned from deploying vaccines during the COVID-19 pandemic and translate the lessons learned to improving national vaccine deployment plans during its updating process.

4.5 Burden of disease

Dr Sarah Hamid, Technical Officer, WHO headquarters

Information on the burden of seasonal influenza disease is important for decision-makers to inform their seasonal influenza vaccine introduction policies. In turn, these policies are important to deploy pandemic influenza vaccines as they are likely to use the same logistical and regulatory structures that are in place for seasonal influenza vaccine deliveries. Countries without policies related to seasonal influenza vaccines in place tend to face more obstacles when they plan the policy for pandemic vaccine deployment.

In terms of expected activities, there are two key deliverables relevant to the burden of disease. Firstly, countries require to establish representative regional and national influenza disease burden estimates. Secondly, the estimates of influenza disease burden need to be communicated to national authorities and national and international expert bodies to promote and support evidence-based decision-making processes. In conclusion, Dr Hamid said that it was necessary to encourage countries to publish case studies to describe the process whereby burden estimates had led to the development of seasonal or pandemic influenza-related health policies.

4.6 Influenza pandemic preparedness planning

Dr Isabel Bergeri, Technical Officer, Global Influenza Programme, WHO headquarters

Dr. Bergeri informed the audience that the national influenza pandemic preparedness plans (NIPPP) would have to be updated in the context of the all-hazard preparedness approach. The importance of this aspect was evident during the current pandemic. She also highlighted that there were areas where there was preparedness for responding to the COVID-19 pandemic because of PIP work. At the same time, there were areas for which preparations were relatively fewer.
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

She was of the opinion that it was important to not lose the momentum that the COVID-19 pandemic had already generated. The lessons learned from the COVID-19 pandemic will have to be transformed to planning actions for the next pandemic. In terms of expected activities, countries are encouraged to update their pandemic preparedness plans for any disease of pandemic potential, including the contingency plan for preparedness for influenza pandemics in the recovery and post-pandemic phases of the current pandemic. Countries and WHO will have to document innovative actions so that they may be validated and incorporated into future versions of revised preparedness plans.

5. Parallel sessions – PIP implementation in countries, key achievements and challenges

Two parallel sessions were held to discuss PIP implementation in the two regions.

5.1 Western Pacific Region

**Moderator: Dr Viema Biaukula, Technical Officer, Health Emergency Information and Risk Assessment, WHO-WPRO**

Focal points for PIP countries of the Western Pacific Region focused on the following topics with presentations from five Member States:

- innovative approach to influenza surveillance during COVID-19 response;
- building whole genome sequencing capacities to inform COVID-19 response and implications for future influenza pandemics;
- updating Influenza Pandemic Preparedness Plans (IPPP) using lessons from COVID-19 response;
- risk communication and community engagement, supporting COVID-19 response and future influenza pandemics; and
- building resilient health systems to deal with future influenza pandemics and public health emergencies.

**Cambodia: Innovative approach to influenza surveillance during COVID-19 response**

To maintain influenza-like (ILI) surveillance during the COVID-19 response, Cambodia has integrated SARS-CoV-2 into the testing algorithm for influenza sentinel surveillance after the NIC was repurposed to a SARS-CoV-2 global reference laboratory. The number of ILI sites was expanded to improve geographical coverage and increase the number of community samples. Cambodia has also increased their level of engagement with new partners to support both COVID-19 and influenza surveillance. Non-sentinel COVID-19 samples are being tested for influenza in real time to improve testing numbers.

Despite limited resources during the current pandemic, the influenza surveillance system detected outbreaks of A(H3N2) in 10 different provinces in late 2020. Challenges to
sustaining sentinel surveillance at sites included repurposing of staff, competing priorities and increased work burden of staff, and the mandate for rapid testings for patients. Challenges to sustaining laboratory testing have included a fractured supply chain that has led to difficulties in acquiring reagents and consumables, an overwhelming number of clinical specimens, the need to establish and validate SARS-CoV-2 testing, limited human resources and receipt of specimens with incomplete patient data.

Looking to the future and using the COVID-19 response to build and strengthen health security systems for the future, Cambodia will implement multisource surveillance and decision-making for influenza and other respiratory viruses, leverage current issue in capacity-building to strengthen the public health workforce, expand national testing capacity and continue to monitor and evaluate progress using intra-action reviews.

The Philippines: Building whole genome sequencing capacities to inform the COVID-19 response and implications for future influenza pandemics

In response to the COVID-19 pandemic, the Philippines expanded the number of ILI and severe acute respiratory infection (SARI) collection sites and integrated genomic sequencing of influenza and SARS-CoV-2. The Philippines also implemented capacity-building of subnational laboratories to incorporate whole genome sequencing. As a result, the national sequencing capacity has increased and so has the geographical and demographic representativeness of influenza and SARS-CoV-2 viral genetic data. This will enable a more robust response not only for the current pandemic, but also for future outbreaks.

Localized sequencing activities also reduce the logistic challenges of long-distance shipment of clinical specimens. In the future, the integration of SARS-CoV-2 and influenza sequencing will aid in monitoring trends and proportions of existing and emerging genetic variants. Such data will be shared with stakeholders in a timely manner to enable rapid public health decision-making and response. This system requires a long-term investment from partners, beyond the COVID-19 pandemic.

Mongolia: Updating the influenza pandemic preparedness plan using lessons from the COVID-19 response

During the COVID-19 response, Mongolia expanded its number of sentinel sites and continued to undertake pandemic influenza severity assessments (PISA) to monitor influenza trends. Data has continued to be shared to GISRS and FluNet in a timely manner, and multisectoral simulation exercises and risk assessments have been undertaken. An online reporting system has been established and next generation sequencing capacity-building project has been undertaken at the NIC.

Challenges to implementing PIP activities during the pandemic have included restrictions on movement, data reporting burden and health system overload, and a resulting delay in ILI and SARI reporting. However, Mongolia also noted the advantages that have come from the COVID-19 response: Early detection of ILI/SARI cases due to increased awareness of COVID-19 and the expansion of ILI and SARI sites, improved PCR diagnostic capacity and improved health-care capacity. Finally, the lessons learned, which will be leveraged for future influenza pandemic preparedness planning, were described.
Influenza sentinel surveillance site specialists were more experienced in terms of COVID-19 specimen collecting, storing and transport. Continuous training of health professionals was required and the introduction of multiplex assay kits at laboratories improved throughout. Mongolia has now taken a multisectoral approach to develop a disaster risk management health plan that has been endorsed by the national government.

Fiji: Risk communication and community engagement for the COVID-19 response and challenges to implementing PIP activities during COVID-19 pandemic

Fiji faced some unique challenges to both COVID-19 response and pandemic vaccine deployment due to its geographical and population spread. A key to Fiji’s success during the COVID-19 pandemic has been the development of a targeted risk communication and community engagement strategy. This approach has focused on supporting adaption for infection control, community-based surveillance, non-pharmaceutical interventions (NPI) compliance, COVID-19 vaccination and the three Cs of high-risk environments, namely closed, confined and crowded. The strategy involves continuous communication with the public – regular updates on emerging issues, reinforcement of COVID-19 infection prevention behaviours and vaccine demand generation.

Fiji has also focused on inter-ministerial coordination to ensure consistency of messaging to the public. The public health team also worked in collaboration with community champions, including transport providers, religious spaces and education facilities to disseminate messages relating to the COVID-19 response and COVID-19 vaccination. With regard to demand generation of COVID-19 vaccination, Fiji has conducted a comprehensive campaign that provides timely information to build community confidence in vaccination and ensure that the vaccine services are accessible. This has been communicated in all of Fiji’s three languages and in a variety of communication mediums – social media, radio, TV and talk-back shows.

There are opportunities for strengthening influenza pandemic preparedness using lessons learned from the COVID-19 response, especially with regard to utilizing a whole-of-government approach for public health emergencies and outbreaks in the future rather than total reliance on the Ministry of Health (MoH). There is also the opportunity to leverage the current interest of partners to enhance community-based surveillance for influenza.

Laos: Building resilient health systems to deal with future influenza pandemics and public health emergencies

To invest in resilient health systems for health security, Laos has adopted an all-hazards approach to develop surveillance system that can rapidly detect and report unusual events and monitor trends. They have also leveraged existing laboratory capacities to extend testing capacity for novel viruses and improve biosecurity.

The multiyear national work plan for emerging infectious diseases will be reviewed and developed under the Asia Pacific strategy for emerging diseases and public health emergencies (APSED III) framework. The work plan will involve an annual review process with multisectoral engagement and representation from development partners, an M&E component, including exercises and after-action reviews, incorporation of lessons learned.
from the COVID-19 response and a “One Health” symposium to bring together stakeholders from the human and animal health sectors.

Lao PDR has been able to sustain its influenza surveillance programme during the COVID-19 pandemic, which is evident in their successful identification of two human cases of H5 influenza during the pandemic and ILI and SARI patients testing positive for SARS-CoV-2. The field epidemiology training programme has strengthened the rapid response capacity for outbreak investigation and joint investigation between Field Epidemiology Training (FET) alumni and the animal health sector has enhanced surveillance and active case finding. Influenza testing capacity has been the backbone for establishing and expanding testing capacity to incorporate SARS-CoV-2 as there are common practices in case selection and specimen collection and transport.

5.2 South-East Asia Region

_Moderator: Dr Jennifer Barragan, Project Manager, PIP Secretariat, WHO headquarters_

In this session, the national and WHO country office focal points of PIP-PC fund recipient countries of the SE Asia Region focused on:

- updating the progress of implementing recommendations from the “Virtual annual meeting on progress review of implementation of pandemic influenza preparedness (PIP) partnership contribution (PC) funds in priority countries in the WHO South-East Asia Region”, conducted on 16–17 December 2020;
- key issues and challenges in implementation of PIP-PC funds-supported activities in the country PIP work plans; and
- sharing ideas on risk mitigation in implementation of PIP-PC-supported activities in the new WHO biennium (referring to the Organization’s two-year workplan) of 2022–2023.

**Country updates on progress of implementation of recommendations of the December 2020 meeting**

Countries summarized their progress of implementation of the PIP-PC funds-supported work plan activities since the recommendations were decided in the annual performance review meeting held in December 2020. All countries noted similar challenges to implementing PIP-PC funds-supported activities during the current pandemic response.

<table>
<thead>
<tr>
<th>Country</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>• Bangladesh has faced difficulties in implementing PIP-PC funds-supported activities during the COVID-19 pandemic. While they revised their activity plan in January 2021, they are still encountering challenges, especially for planned, face-to-face activities, such as training programmes.</td>
</tr>
</tbody>
</table>
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

<table>
<thead>
<tr>
<th>Country</th>
<th>Progress</th>
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<tbody>
<tr>
<td>The Democratic People’s Republic of Korea</td>
<td>• DPR Korea has faced significant challenges following the closure of all points of entry in the country.</td>
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<tr>
<td>(DPR Korea)</td>
<td>• However, DPR Korea has continued to conduct influenza surveillance testing and regularly report data to FluNet.</td>
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<td></td>
<td>• As a result of pandemic restrictions, DPR Korea has been unable to conduct planned consultative workshops or participate in the external quality assurance programme (EQAP).</td>
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<td></td>
<td>• DPR Korea has reprogrammed its PIP-PC funds-supported work plan and has introduced a new activity for risk communication and community engagement, whereby the government has agreed to develop videos and posters to share messages about influenza and COVID-19 infection control and prevention.</td>
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<tr>
<td></td>
<td>• DPR Korea is prioritizing procurement of multiplex PCR test kits, as recommended by WHO for testing SARS-CoV-2/influenza, ahead of ports reopening for quick delivery to the country.</td>
</tr>
<tr>
<td>India</td>
<td>• India has revised its National Influenza Pandemic Preparedness Plan after holding a consultative workshop with a diverse range of experts to encourage intersectoral collaboration. Many of their COVID-19 response activities have been benefited by inputs provided by multisectoral experts in this meeting.</td>
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<td>• India continues to participate in EQAP and submit isolates for the vaccine composition meeting.</td>
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<td></td>
<td>• India detected a human case of avian influenza A/H5N1 and this has highlighted the importance of adopting “One Health” approach to surveillance in the human and animal interface with involvement of both human and animal health sectors.</td>
</tr>
<tr>
<td></td>
<td>• India has been unable to conduct active influenza surveillance in the regular manner due to COVID-19, but is testing SARS-CoV-2-negative samples that meet the ILI or SARI case definition to sustain the ILI/SARI surveillance while responding to COVID-19.</td>
</tr>
</tbody>
</table>
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

<table>
<thead>
<tr>
<th>Country</th>
<th>Progress</th>
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</table>
| Indonesia | • Indonesia expanded the number of ILI and SARI sentinel surveillance sites, conducted refresher training for ILI/SARI surveillance staff, conducted field monitoring of PIP-PC-supported activities, engaged in support for specimen shipments and participated in the global influenza EQAP.  
• Indonesia used the GISRS platform for COVID-19 monitoring and reviewed its influenza pandemic contingency plan, incorporating lessons learned from COVID-19.  
• Pandemic influenza preparedness is now included in the National Health Security Plan of Indonesia.  
• Indonesia held regular coordination meetings on the implementation of ILI and SARI surveillance among stakeholders.  
• Looking ahead to the 2022–2023 biennium, Indonesia plans to develop a web-based reporting system for influenza surveillance, conduct SARI and ILI sentinel site staff training and monitor influenza virus and clinical specimen shipments. |
| Myanmar | • In addition to the ongoing pandemic, the situation in Myanmar has significantly affected PIP-PC funds-supported activities.  
• Myanmar revised its 2021 work plan in consultation with WHO-SEARO, based on recommendations of the December 2020 annual review meeting. However, in the current situation, it has been very difficult to implement the activities in the PIP work plan. As an alternative way of expediting implementation, Myanmar will revise their work plan in consultation with the PIP project management team at WHO-SEARO and submit it to WHO HQ for approval. As a part of this re-programming, WHO Country Office in Myanmar plans to update its National Influenza Preparedness Plan. |
Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

<table>
<thead>
<tr>
<th>Country</th>
<th>Progress</th>
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</table>
| Nepal       | • As a result of the second and third waves of COVID 19, there has been a major bottleneck in implementing the PIP-PC funds-supported activities with the repurposing of hospitals and the NIC. The lockdown imposed has also affected transport of samples, in-person meetings, workshop supervisions and joint risk assessments. It has resulted in poor attendance of ILI/SARI patients at sentinel surveillance sites, reflected in the low numbers of enrolments for surveillance.  
  
• To ensure building the influenza transmission picture in the vacuum of influenza surveillance created by COVID-19, Nepal has retrospectively tested ~150 SARS-CoV-2-negative samples per week for influenza.  
  
• For the remainder of 2021, Nepal intends to review and based on review findings, reformulate the national influenza surveillance system, complete PISA activities, strengthen linkages between epidemiological/laboratory data and integrate SARS-CoV-2 and influenza surveillance at the subnational level (in the seven provincial public health laboratories), targeting expanding influenza surveillance and leveraging the same for integrated surveillance of SARS-CoV-2 and influenza. |
| Timor-Leste | • Timor-Leste has resumed surveillance and testing for influenza, and integrated COVID-19 and influenza surveillance. The latter was especially important in the country due to the limited technical, financial and human resources.  
  
• Based on the activity plan developed to improve influenza surveillance and response in January 2021, they have expanded the number of ILI and SARI sentinel surveillance sites in the country. As a result, the country has been able to collect more samples for influenza testing.  
  
• Currently, Timor-Leste reports to FluNet and intends to begin reporting to FluID in future.  
  
• Looking ahead to the 2022–2023 biennium, Timor-Leste will prioritize continued integration of SARS-CoV-2 monitoring and influenza surveillance, continue quarterly evaluations of sentinel surveillance sites, increase surveillance site monitoring and supervision, and conduct supervision and refresher training programmes for focal points at sentinel surveillance sites. |
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All PIP-PC recipient countries in the SE Asia Region have now planned and submitted their PIP-PC funds-supported activity work plans for the 2022–2023 biennium. These have been reviewed by the secretariat and countries have responded to all clarifications. In the meeting, all countries discussed ways in which they plan to mitigate the challenges to moving forward to implement the PIP-PC funds-supported activity work plans in the next biennium (2022–2023).

<table>
<thead>
<tr>
<th>Country</th>
<th>Challenge mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>• To implement planned PIP activities, going forward, Bangladesh will maintain the basics of influenza surveillance in the background of the continued COVID-19 situation in the country.</td>
</tr>
</tbody>
</table>
| DPR Korea | • DPR Korea has advocated for developing a national risk communication strategy to improve infection prevention and control, including influenza as a priority pathogen.  
• DPR Korea, with the support of WHO-SEARO, will procure reagents, including multiplex kits, once ports reopen. Currently, there is a stock of reagents and that stockpile is a result of DPR Korea’s bilateral engagements and mobilizing resources.  
• Laboratories in DPR Korea have integrated influenza and SARS-CoV-2 testing and that helps mitigate reductions in influenza testing numbers. This will be a good background for PIP-PC support to these activities under the laboratory and surveillance output. |
| India | • India has faced challenges to sharing information between human and animal health sectors. The country will look forward to strengthening this component in the next biennium.  
• India will utilize early warning and response system (EWARS) to gather influenza epidemiological data.  
• India has expanded the number of sentinel laboratories with whole genome sequencing capacity and will continue to use that for SARS-CoV-2 monitoring with the utility for influenza, if the need arises.  
• India will use the achievements with regard to COVID-19 response to improve influenza surveillance and develop a platform that encourages timely and real-time sharing of data.  
• India is investigating procurement of multiplex kits for joint influenza and SARS-CoV-2 testing to sustain influenza surveillance in the context of the pandemic. |
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| Indonesia | • Indonesia was hopeful about conducting activities for 2021, as planned. However, they had been compelled to make some adjustments as a result of the enforcement of some government restrictions. The eight provinces that planned to update their pandemic preparedness plan have now been revised to five provinces.  
  • Indonesia intends to reprogramme their biennium work plan if restrictions continue as a risk mitigation measure.  
  • WHO and the Ministry of Health (MoH) are currently in the process of developing a joint work plan for the 2022–2023 biennium, involving PIP activities. These will include refresher training for ILI and SARI sentinel surveillance sites, development of a web-based reporting system to improve timeliness of reporting and support for sample shipments and data analysis.  
  • Indonesia is also completing joint risk assessments with the Ministry of Health and the Ministry of Agriculture as part of the tripartite “One Health” agreement catering to zoonotic influenza detection, risk assessment and prompt response. |
| Myanmar   | • Myanmar had utilized half of its PIP work plan budget so far and activities for the remainder of 2021 had been suspended.  
  • The main challenge to implementation involves security concerns in the country, which are beyond the control of the WHO country office team. |
| Nepal     | • Nepal did not foresee major obstacles to implementing most of the activities in their work plan in 2021.  
  • In 2022–2023, most activities will focus on engagement with provincial-level governments to strengthen influenza testing capacity at provincial public health laboratories, revise sentinel surveillance sites and encourage building linkages between epidemiological and laboratory data.  
  • Sentinel surveillance sites will be provided with more human resources to improve data and sample collection.  
  • Nepal will enhance supervision of sites and continue its decentralized model for influenza testing to build the country capacity for PIP. |
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</tr>
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</table>
| Timor-Leste | • To mitigate issues related to meeting the essential minimum number of samples, Timor-Leste has expanded the number of ILI and SARI sentinel surveillance sites in the country.  
• As a result of contributions of PIP-PC funds, they have strengthened their overall national influenza surveillance response capacity. It has enormously contributed to the COVID-19 response in a sustainable manner. Timor-Leste plans to continue it in the new biennium.  
• Timor-Leste plans to train laboratory technical staff at SARI and ILI sites, which are at a substantial distance from the main laboratory in Dili. |

6. Feedback from parallel sessions

6.1 Western Pacific Region

*Dr Viema Biaukula, Technical Officer, Health Emergency Information and Risk Assessment, WHO-WPRO*

In terms of laboratory and surveillance activities for influenza pandemic preparedness, efforts have been made to strengthen these systems in the Western Pacific Region and leverage these gains during the COVID-19 response. In the Western Pacific Region, there have been great examples of partnerships in support of strengthening the integration of influenza surveillance and SARS-CoV-2 monitoring using the GISRS system, including sustainable expansion of national systems. In terms of risk communication and community engagement, there have been many useful examples during the pandemic. These included utilizing traditional and new, innovative methods to engage with communities as we move towards a more virtual world in our activities. In this context, in the parallel session, the establishment of a social listening system to strengthen community engagement and ensure widespread uptake of public health messaging was discussed by participants.

During the discussion, in a broader sense, many countries had highlighted challenges relating to overburdened health-care systems, high levels of staff turnover and redeployment of staff, and issues with reagents and sample transport as a result of social restrictions implemented as factors affecting continuation of influenza surveillance in countries.

Countries in the Western Pacific Region agreed to continue using the ASPED III framework as the guidance to develop a multiyear coordinated response plan that would encompass all potential public health hazards. This will enable an enhanced regional system with capacities for future pandemics that will not be limited to influenza.
Countries will continue to leverage technical support from partners to enhance capacities for both routine surveillance of emerging and re-emerging infectious pathogens in health-care systems and to prepare for large-scale outbreaks and future health emergencies. Countries will build and strengthen national capacities for detection of such pathogens in the same way that helped the current response to COVID-19. Such capacities will help shape responses to future epidemics and pandemics. Building and strengthening genomic sequencing is one example of such capacities.

6.2 South-East Asia Region

Ms Jennifer Barragan, Project Manager, PIP Secretariat, WHO headquarters

Countries from the South-East Asia Region discussed three themes. Firstly, they discussed the status of implementation of recommendations of the annual meeting to review the progress of PIP-PC work plan implementation in the SE Asia Region held in December 2020. Participating countries deliberated on the status of implementation of these recommendations. Secondly, the countries looked at issues and challenges encountered in implementation of PIP activities in the biennium of 2020–2021. Thirdly, the countries looked at risk mitigation measures in the implementation of pandemic influenza preparedness activities in the next biennium (2022–2023).

An important point that emerged from the discussions was that the countries were working very hard to find alternative solutions for the unique challenge posed by COVID-19 to implementing PIP activities. For example, virtual trainings, integration of SARS-CoV-2 monitoring and influenza surveillance and redirection of focus to risk communication were highlighted. Moving forward, the countries mentioned that they expected to look ahead with a positive frame of mind and having anticipated potential challenges they may face, reprogramme funds, where necessary, to enable them to implement activities, related to the PIP-PC-supported country work plans, particularly in 2021, in the best way possible. They also use the same approach to planning for 2022 and 2023.

Dr Pavana Murthy, National Professional Officer (High-threat Pathogens) WHO Country Office, India

Summarizing the parallel session of the WHO South East Asia Region, Dr Murthy informed the audience that the countries in the Region had a productive discussion session; most of them described their challenges to implementing PIP activities and their plans for carrying out similar activities over the next biennium. The key issue raised involved COVID-19-driven delays in implementation of influenza pandemic preparedness planning work and a decrease in routine influenza surveillance reporting. However, most countries highlighted that surveillance data reporting had resumed, even increased in the past few months, and they planned to sustain the expansion of sentinel surveillance sites with an increased number of samples undergoing laboratory testing in 2021.

Another challenge reported involved the timeliness of influenza data reporting. A potential solution proposed by the participating countries was strengthening subnational reporting systems, where feasible, during the interpandemic period. Several areas for
attention on expansion of ILI/SARI surveillance were noted – incorporation of private-sector health facilities to expand ILI and SARI sentinel surveillance sites, strengthening of platforms to capture both influenza-related sentinel surveillance and animal surveillance data, strengthening of intersectoral collaboration between human and animal health sectors, and risk communication and community mobilization for influenza-related activity.

7. Concluding remarks and closure of the meeting

**Dr Gina Samaan, Team Leader, PIP, WHO headquarters, Geneva**

Dr Samaan thanked all partners for their role in implementation of the activities related to the PIP framework in the two regions. She highlighted that many gains have been made by the countries since the adoption of the PIP framework in 2011. Hence, it is important for the countries to think ahead and manage work plans related to PIP-PC funding support to maximize their efficiency. Dr Samaan reiterated that the PIP secretariat team at WHO HQ is available to support countries and are always open to feedback from the fund recipient countries.

**Mr Phuong Nam Nguyen, Technical Officer, Pandemic Preparedness, WHO-WPRO**

Mr Nguyen thanked all participants from WHO HQ, the Western Pacific Region and the SE Asia Region for joining and contributing to the meeting. He stressed that through productive discussions in the meeting, the countries were able to learn from each other’s experiences of maintaining influenza surveillance and PIP activities during the COVID-19 pandemic. Mr Nguyen noted that it has been challenging to implement PIP activities in the current pandemic environment. However, this has also given us an opportunity to learn from the current pandemic response and transform it to the advantage of planning and implementing PIP activities. Hence, the countries need efforts to refine their strategies for PIP activities in the next biennium with this in mind. The PIP partnership contribution funds have been instrumental in strengthening pandemic preparedness activities in both regions during the COVID-19 response.

7.1 Conclusions

- In the 10 years since the adoption of the PIP framework by all WHO Member States, many achievements with regard to strengthening and enhancing influenza surveillance activity have been made, including those in the South-East Asia and Western Pacific regions. All these gains have had collateral utility in pandemic response during the COVID-19 pandemic.

- While COVID-19 response remains important, it is also crucial that countries maintain seasonal influenza surveillance and prepare and strengthen systems for responding to the next influenza pandemic. Lessons learned from the COVID-19 pandemic should inform this process.

- Countries agreed to continue to use the APSED III framework, advancing implementation of the International Health Regulations (2005) as guidance to
develop multiyear, coordinated response plan that encompasses flexibility for preparedness and response to multiple public health hazards.

- While the implementation of PIP activities has been impacted during the COVID-19 pandemic, there are many examples of countries finding innovative solutions to overcome these unique challenges the COVID-19 pandemic has posed. Moreover, there are already many examples of countries leveraging gains made during the COVID-19 pandemic to support integration of influenza surveillance and SARS-CoV-2 monitoring, leveraging the national influenza sentinel surveillance systems as a way of moving forward.

7.2 Recommendations

- Countries are requested to prepare for switching from universal SARS-CoV-2 surveillance to sentinel surveillance of SARS-CoV-2 in an integrated manner with influenza surveillance leveraging the GISRS in the context of the changing dynamics of the COVID-19 pandemic.

- Countries are urged to capitalize on their efforts during the COVID-19 pandemic to strengthen national capacities across all six PIP outputs. They are requested to bring together stakeholders involved in the pandemic response to capture these lessons learned.

- Planning for influenza pandemic readiness has benefited the COVID-19 response, and in turn, the COVID-19 response will benefit the influenza response in the future. Therefore, countries are requested to maintain flexibility in influenza pandemic preparedness planning.

- With regard to regulatory capacity strengthening, countries are encouraged to conduct a gap analysis to understand the challenges they may face for the timely approval of quality-assured pandemic influenza products to ensure good quality practices embedded in appropriate regulation.

- Moving forward, countries are encouraged to anticipate potential challenges and reprogram funds, where necessary, so that the PIP-PC funds-supported PIP work plans can be implemented fully in the best possible manner, particularly in 2021, but also looking ahead to the new biennium (2022 and 2023).

- The PIP partnership contribution funds have been instrumental in implementing integrated COVID-19 response and PIP activities in both South-East Asia and Western Pacific regions during the pandemic response. There is a unique opportunity to learn from the current pandemic response and countries are encouraged to continue refining response strategies while building system capacities for responding to future influenza pandemics and other public health emergencies.
Annex 1

Agenda

Welcome and opening remarks

Introduction of the objectives of the meeting

**Overview of PIP partnership contribution (PC) funding support:**

- Introduction to the PIP Framework and HLIP II 6 outputs
- Progress to date & collateral benefit for COVID-19 response
- Project management (cycle approach):
  - Planning: biennial workplans, change management
  - Financial monitoring: utilization, compliance
  - Technical monitoring: indicators, milestones
  - Reporting: progress reports, newsletter stories etc.

**Overview of PIP partnership contribution (PC) funding support**

Questions and answers

**Virtual café with WHO HQ focal points responsible for the six PIP outputs-related areas**

Parallel sessions – PIP implementation in countries in WP and SEA regions, key achievements and challenges

Concluding remarks
Annex 2

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Meeting to review implementation of pandemic influenza preparedness (PIP) activities supported under PIP partnership contribution (PIP-PC) funds in the current biennium and decide on directions for planning for 2022–2023 by PIP-PC-eligible Member States in the WHO Western Pacific and South-East Asia Regions

Virtual meeting
New Delhi, India, 20 August 2021

Report of the meeting