In 2011, the World Health Assembly unanimously adopted the PIP framework and established the yearly PIP partnership contribution (PIP-PC) mechanism to strengthen pandemic preparedness capacities. Through this mechanism, the WHO Regional Office supports seven PIP-eligible Member States – Bangladesh, Democratic People’s Republic of Korea, India, Indonesia, Myanmar, Nepal and Timor-Leste – in the Region.

The PIP secretariat of WHO, together with WHO regional offices and country offices, monitors implementation of PIP-PC-supported activities. In line with the requirement of the PIP Secretariat, the Health Emergencies Programme of WHO-SEARO organized a virtual PIP annual performance review meeting on 16–17 December 2020 with all PIP-PC fund recipient Member States and WHO country offices to review the progress of PIP-PC-supported activities implemented in 2020 and plan for effective implementation in 2021 in the context of COVID-19. This report presents the meeting proceedings and recommendations for the fund recipient Member States and WHO.
Virtual annual meeting on progress review of implementation of pandemic influenza preparedness partnership contribution funds in priority countries in the WHO South-East Asia Region

New Delhi, India, 16–17 December 2020

Report of the meeting
Virtual annual meeting on progress review of implementation of pandemic influenza preparedness partnership contribution funds in priority countries in the WHO South-East Asia Region

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Contents

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

1. Introduction .................................................................................................................................................... 1

2. Objectives of the meeting .......................................................................................................................... 1
   2.1 General objectives .................................................................................................................................. 1
   2.2 Specific objectives .................................................................................................................................. 2

3. Opening session ........................................................................................................................................... 2

4. Discussion on the objectives of the meeting ............................................................................................... 2

5. Session I: Updates from the PIP secretariat – Grant requirements for complementary use of PIP-PC funds with COVID-19 pandemic response ................................................................. 3

6. Session II: Updates from Nepal and Bangladesh and proposed plan for risk communication and community mobilization work in the Region .......................................................... 5

7. Risk communication and community engagement (RCCE) ................................................................... 7

8. Session III: Country presentations on the progress of implementation of the PIP-PC-supported activities in 2020, challenges encountered, lessons learned and the plan for implementation in 2021 .................................................................................. 8

9. Session IV: Conclusions and recommendations ..................................................................................... 12

Annexes

1. Agenda ......................................................................................................................................................... 14

2. List of participants ....................................................................................................................................... 16
## List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</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>PPE</td>
<td>personal protective equipment</td>
</tr>
<tr>
<td>PPHL</td>
<td>provincial public health laboratories</td>
</tr>
<tr>
<td>RCCE</td>
<td>risk communication and community engagement</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 CC</td>
<td>World Health Organization collaborating centre</td>
</tr>
<tr>
<td>WHO WPR</td>
<td>WHO Western Pacific Region</td>
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<tr>
<td>WPRO</td>
<td>(WHO) Regional Office for the Western Pacific</td>
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1. **Introduction**

It is well known that the pandemic influenza preparedness (PIP) framework is an innovative public health instrument. It brings together World Health Organization (WHO), Member States, industry and other stakeholders to implement a global approach to pandemic influenza preparedness and response. Its goals are to improve and strengthen sharing of influenza viruses with human pandemic potential, and to increase the access of developing countries to benefits such as vaccines and other pandemic response supplies.

In 2011, the Sixty-fourth World Health Assembly unanimously adopted the PIP framework. Following this resolution, WHO established the yearly PIP partnership contribution (PIP-PC) mechanism to strengthen pandemic preparedness capacities. It is a benefit-sharing mechanism – PIP-PC is collected as an annual cash contribution from influenza vaccine, diagnostics and pharmaceutical manufacturers that use the WHO Global Influenza Surveillance and Response System (GISRS). Funds are then allocated for pandemic preparedness capacity-building and response activities during a pandemic, and also for the management and implementation of the PIP framework.

Similar to those in other regions, Member States in the WHO South-East (SE) Asia Region are benefitting from PIP-PC. Through this mechanism, SEARO supports seven PIP-eligible Member States – Bangladesh, Democratic People’s Republic of Korea (the) (DPR Korea), India, Indonesia, Myanmar, Nepal and Timor-Leste. Under the high-level implementation plan (HLIP-2) of PIP-PC, all seven Member States in the Region received commitment of funds for the 2020–21 biennium. Currently, funds allocated for 2020 are being utilized by PIP-PC-eligible countries in the SE Asia Region.

The PIP secretariat of WHO, together with the WHO regional offices and country offices, has been monitoring implementation of PIP-PC-supported activities to ensure its alignment with deliverables of HLIP-2 and achieving set outcomes. In this regard, in line with the requirement of the PIP secretariat, the WHO Health Emergencies Programme (WHE) of the WHO Regional Office for South-East Asia (WHO-SEARO) organized a virtual PIP annual performance review meeting on 16–17 December 2020 (2–3 hours a day) with all PIP-PC recipient Member States and WHE focal points of the WHO country offices (aforementioned Member States) to review progress of PIP-PC-supported activities implemented in 2020 and plan for effective implementation in 2021 in the context of COVID-19.

2. **Objectives of the meeting**

2.1 **General objectives**

The general objective of this meeting was to review progress of implementation of PIP activities in 2020 and plan for effective implementation in 2021 in the context of COVID-19.
2.2 Specific objectives

The specific objectives of the meeting were:

- to seek updates from WHO headquarters (WHO HQ) on administrative and financial requirements and recommendations of the PIP advisory group;
- to review country and regional updates on progress of activities in 2020 and plan for implementation in 2021 by the WHO SEARO and Member States;
- to discuss areas for reprogramming of approved country PIP budgets, based on country specifics due to COVID-19 in 2021; and
- to achieve consensus on workplans for implementation in 2021, based on feasible activities, and develop key recommendations for workplan implementation in 2021.

3. Opening session

Welcome address

Dr Jos Vandelaer, Regional Emergency Director of WHO-SEARO, opened the meeting. He welcomed all participants from PIP-PC recipient Member States, the PIP secretariat at WHO HQ and WHE, WHO-SEARO. Dr Vandelaer introduced the PIP framework, partnership contribution component and its importance for sustaining and maintaining global pandemic preparedness. He stated that investments in the last decade have paid dividends in areas such as influenza pandemic preparedness and pandemic vaccine deployments.

It was reminded how well this was reflected in the management of and response to the ongoing pandemic. Reflecting on the profound importance of fully resuming the PIP programme in the context of COVID-19 under resumption of essential health services, he reminded the audience that this annual review meeting provided a great opportunity for everyone to learn from each other how they found innovative ways to implement PIP activities and build upon these lessons learned during the pandemic to optimally implement PIP activities in 2021.

4. Discussion on the objectives of the meeting

Dr Pushpa Ranjan Wijesinghe, the Programme Area Manager, Infectious Hazard Management (IHM)/WHE, SE Asia Region, shared the general and specific objectives of the meeting with the audience. He also shared administrative/housekeeping announcements with all the participants.
5. **Session I: Updates from the PIP secretariat – Grant requirements for complementary use of PIP-PC funds with COVID-19 pandemic response**

**Chair:** Mr Francis Inbanathan, Technical Officer (Laboratory), WHO-SEARO

This session was chaired by Mr Francis Inbanathan, Technical Officer (Laboratory), WHO-SEARO. It focused on updates from the PIP secretariat and recommendations from the PIP advisory group.

**Ms Jennifer Barragan,** Project Manager, PIP secretariat, WHO headquarters (HQ), shared updates from the PIP secretariat and introduced to participants the six areas of work under the PIP framework, the global progress so far and the progress in 2020. She also mentioned the three main objectives of the PIP programme, titled “Planning, implementation and monitoring/reporting”. She also highlighted that influenza surveillance systems, knowledge of multiple aspects and capacities of pandemic influenza preparedness, strengthened overall and in particular with contributions from PIP investments, contributed immensely to the timely and appropriate response to pandemic influenza. She also shared the impact of COVID-19 on implementation of HLIP II of PIP-PC. The three key messages shared were as follows:

- PIP investments helped lay a good foundation for an effective Member State response to COVID-19.
- Investments in response to COVID-19 are leading to collateral benefits for strengthening pandemic influenza preparedness in the future.
- PIP implementation has been impacted by the ongoing pandemic, but capacity-building has not been stalled due to the effects of the pandemic.

This presentation was jointly delivered by Mr. **Hitesh Chugh** of the PIP secretariat, WHO headquarters, and Ms **Barragan**. He highlighted how PIP-PC fund implementation was being monitored and the progress measured. He also shared the conceptual flow chart of activities in the technical processes, the progress of which are being measured. They are “Activities >Deliverables >Outputs >Outcomes” at various levels of implementation.

He explained achievements recorded at the country level and showed the indicators related to outputs of laboratory and surveillance under the HLIP II of PIP-PC for Member States in the SE Asia Region. He also shared the risk management strategy at the WHO HQ level and highlighted the following points:

- The PIP secretariat is monitoring the impact of COVID-19 on the implementation of PIP activities and works on appropriate mitigation strategies being applied.
- Where progress against HLIP II indicators is likely to be impacted by the pandemic, eight indicators of COVID-19 will be used as proxies to showcase continuous capacity-building for influenza pandemic preparedness and response.
- Risk assessments would be conducted periodically and the proposed HLIP II mid-term review would provide an opportunity to re-assess targets.
Ms Poonam Huria from the PIP secretariat presented the financial monitoring of the PIP-PC programme and in her presentation, she touched upon the following points:

- Monitoring and reporting;
- SE Asia regional implementation;
- WHO compliance overview and needs;
- change request process (programme changes); and
- roles and responsibilities.

She shared four scenarios where workplan compliance issues occur and requested all WHO country office staff and Member States participants to take precautions to avoid such compliance issues:

Scenario 1: linking the activity to the wrong output level in the Global Management System (GSM);

Scenario 2: non-PIP activity being charged to the PIP award;

Scenario 3: mismatch in the description of activity and supporting documents attached in the Enterprise Content Management (ECM); and

Scenario 4: staff repurposed to COVID-19 response.

The change request process to be followed when the approved PIP workplan will have to be re-programmed due to different circumstances was further described in details.

Ms Jennifer Barragan discussed the way forward for 2021 from the PIP secretariat. She informed the audience that the midterm review (MTR) of HLIP-II would take place in February till end of May 2021. Regarding planning for 2021 and the new biennium, she highlighted four important points that need to be followed:

- Assess 2020 workplan implementation;
- review country progress towards achieving HLIP-II indicators;
- implement country PIP workplan (2020–2021); and
- begin thinking about the PIP workplan for the 2022–2023 biennium.

Mr Daniel Hougendobler from the PIP secretariat presented the outcomes of the implementation of the recommendation of the PIP advisory group (AG) that met virtually from 12–16 October 2020. This was their first-ever virtual meeting. Seventeen of the 18 members of the advisory group participated in the meeting. Mr Hougendobler informed the audience that three technical consultations were held prior to the meeting with a view to briefing the advisory group members on selected topics. He shared with the participants the following three recommendations issued by the advisory group to the WHO Director-General.

- Recommendations on the current status and impact of COVID-19:
  - Continue to champion the importance of influenza surveillance with Member States. Timely identification and sharing of seasonal influenza viruses and
Influenza viruses of pandemic potential remain a cornerstone of influenza pandemic preparedness.

- Encourage countries to continue influenza sentinel surveillance and, where feasible, add testing for COVID-19 to the sentinel system with timely reporting for both influenza and COVID-19 through the regional reporting platforms or directly to FluNet, a global web-based tool of the Global Influenza Surveillance and Response System (GISRS) for sharing influenza laboratory data. This can form the basis for an integrated sentinel surveillance system that could strengthen public health surveillance in countries for both influenza and SARS-CoV-2 virus.

- Continue to support the strengthening of regional influenza surveillance, including virus sharing, addressing specific regional issues and considerations, with involvement of all regional partners.

➤ Recommendation on strengthening WHO engagement with the diagnostics sector:

- AG recommends that the Director General (DG) of WHO engages with the diagnostics sector in an effort to improve and deepen understanding of the diagnostics sector’s role, responsibilities and expectations under the PIP framework and to ensure a transparent and equitable approach to access and benefit-sharing. AG would be pleased to assist the PIP Secretariat in this effort.

➤ Recommendation for the HLIP-II mid-term review:

- AG recommends that the DG proceeds with a streamlined HLIP-II mid-term review focusing on the hindrances and necessary mid-course adjustments to the programme with a goal of completing this report in the first six months of 2021.

The first session was followed by a question-and-answer (Q&A) session.

6. Session II: Updates from Nepal and Bangladesh and the proposed plan for risk communication and community mobilization work in the Region

Chair: Dr Pushpa Ranjan Wijesinghe, Programme Area Manager, IHM/WHE, WHO-SEARO Nepal

Dr Arun Kumar Govindakarnavar of the WHO country office for Nepal and Dr Runa Jha, Director of the National Public Health Laboratory (NPHL), presented the progress of the implementation of PIP-PC-funded activities in Nepal in 2020, lessons learned in the process and the plan for implementation of activities in 2021.

Dr Govindakarnavar stated that COVID-19 posed a number of difficulties in implementation of PIP-PC activities in 2020 and the country was able to implement only about 20% of the planned activities. The major bottlenecks cited were (1) repurposing of the
health facilities and services at the national influenza centre (NIC) for COVID-19 response and (2) the nationwide complete lockdown. These affected the functionality of the supply and logistic chain, human resource mobilization and conducting various trainings and workshops supported under the PIP-PC workplan.

Dr Runa Jha explained that ILI/SARI surveillance sites were located mainly in the Kathmandu region. Therefore, the country was working to expand the sentinel surveillance system to all the provinces to ensure geographical representativeness. She also highlighted how the country used the pandemic as an opportunity to strengthen integrated testing for both COVID-19 and seasonal influenza by testing samples for one pathogen when the other pathogen was not detected. Nepal NIC was successful in proficiency testing for influenza and SARS-CoV-2 while the country distributed proficiency testing panels for SARS-CoV-2 to the NPHL and 24 subnational laboratories.

The country enhanced its capacity through response to COVID-19. Dr Jha emphasized that the response provided an opportunity to assess the strengths as well as the shortcomings of the country. For the COVID-19 response, Nepal relied on its existing infrastructure. A testimony to the whole sector approach, according to Dr Jha, was the expansion of COVID-19 facilities to veterinary laboratories. This was founded on the availability of commendable facilities in the veterinary sector. The provincial public health laboratories (PPHL) were entrusted with influenza testing in all provinces of the country. The pandemic also underlined the need for having a very strong data reporting mechanism and a software to link epidemiological and laboratory data. She also felt that there was an urgent need to implement the plan to restore the national ILI and SARI surveillance programme to adequately represent all seven provinces and an influenza-COVID-19 dual surveillance system is important to the country during the current pandemic.

Nepal also informed participants that the country has planned to implement all remaining activities under PIP-PC funds for 2020 in 2021. Moreover, they will conduct some additional activities, such as including medical colleges in the existing surveillance network and also training various staff at the PPHL, NIC and peripheral medical facilities in various technical aspects of PIP.

Nepal has viewed the current pandemic as an opportunity to strengthen the national and subnational systems for pandemic influenza preparedness from the centre to the periphery and used the PIP funds along with other resources in complementarity with COVID-19 activities.

**Bangladesh**

Professor Tahmina Shirin, the director of the Institute of Epidemiology, Disease Control and Research (IEDCR), and NIC of Bangladesh, presented the progress of activities implemented under the PIP-PC funds in 2020, lessons learned and the plan for implementation in 2021 in the country. She took the participants through a robust influenza surveillance network in Bangladesh. She also informed them that this surveillance system helped Bangladesh in the initial stages of the current pandemic response. The surveillance team consisting of the trained health workforce was in action even before the first case of COVID-19 was reported in the country.
As elaborated by Professor Shirin, the major plus point was bringing together the public and private institutes to strengthen COVID-19 surveillance and mount response to the pandemic. The main thrust involved the expansion and strengthening of the laboratory network to diagnose SARS-CoV-2. In doing so, they were able to expand the laboratory capacity from one laboratory to 124 laboratories capable of PCR diagnosis in the country. She stated that the most important learning from this exercise was understanding the necessity of an effective surveillance system/platform, which is capable of identifying circulating pathogens, establishing early warning and response systems and strengthening decision-making ability through generated epidemiological data.

The fear of being isolated, traditional and religious beliefs, issues related to the burial of dead bodies in the community and the scarcity of trained public health workforce were highlighted as the main challenges. Bangladesh assured the audience that all the PIP-PC funding-related activities, which were not implemented in 2020, would be implemented in 2021. Moreover, they have planned to test all ILI/SARI samples for both influenza and COVID-19. Bangladesh requested from the WHO country and regional offices and the PIP secretariat support to have more trained human resources for surveillance sites.

7. Risk communication and community engagement (RCCE)

Dr Supriya Bezbaruah, Technical Officer for Risk Communication and Community Engagement in WHO-SEARO, shared the proposed risk communication and community engagement (RCCE) activities under the PIP-PC workplan in 2021. Dr Bezbaruah started her presentation with the public perception of influenza before the onset of the current pandemic and according to her, a pandemic was neither a perceived issue of concern nor a threat for the general public. However, COVID-19 has changed the public perception of pandemics.

She reminded the audience that the management of misinformation in the SE Asia Region started with PIP-PC-supported activities in 2019. The process was strongly established during the pandemic as a separate pillar of the strategic preparedness and response plan, and RCCE national plans were helpful for activities regarding infodemics management for COVID-19.

Dr Bezbaruah shared with the audience some key lessons learned during the current pandemic:

For going ahead, she highlighted the need for persisting with ABCDE (awareness, behaviour, capacity, disseminate and engage community) of RCCE.

Dr Dr ASM Alamgir, Principal Scientific Officer at IEDCR Bangladesh, requested Dr Bezbaruah to share inspiring examples of RCCE practices, which could be replicated in the SE Asia Region. He was of the opinion that everybody knew what was to be done, but fell short of implementation.

Dr Bezbaruah shared the example of the sprawling Dharavi slum in Mumbai, Maharashtra, where youths from the community were involved actively in COVID-19
response. She also informed the participants that behavioural change would be a slow process and all aspects need to be taken into consideration to make the required behavioural changes.

Dr Mahtab Singh, consultant for monitoring and evaluation of the PIP-PC project, enquired why the problem could not be placed before community members so as to listen to their explanation of why they would not do what they are supposed to do. He suggested to Dr Bezbaruah that developing workable regional mechanisms and tools be thought of to increase the engagement of the community in problems relevant to them.

Following this session, Dr Pushpa Wijesinghe wrapped up the proceedings of the day. He thanked everyone and expressed what could be expected on Day Two.

8. Session III: Country presentations on the progress of implementation of the PIP-PC-supported activities in 2020, challenges encountered, lessons learned and the plan for implementation in 2021

Chair: Ms. Jennifer Barragan, Project Manager, PIP Secretariat, WHO HQ

The Democratic People’s Republic of Korea

Dr Sonal Gagan, Technical Officer – Health Emergencies at the WHO Country Office for Democratic People’s Republic Korea presented on behalf of the Ministry of Public Health (MoPH) as they could not participate due to unavoidable reasons. Dr Gagan informed the audience that due to the absence of COVID-19 cases in the country, MoPH was able to implement 92% of the PIP-PC funds-supported activities.

He stated that this year, the country also included surveillance outcomes of other respiratory viruses in the data-reporting format. MoPH finalized the National Influenza Pandemic Preparedness and Response Plan, which was reviewed and recommendations were provided by the WHO country office and WHO-SEARO. He further stated that due to some difficulties in the context of the pandemic, MoPH could not participate in EQAP for influenza diagnosis, implementation of pandemic influenza severity assessment (PISA), training and some other planned staff capacity-building activities.

He shared the main lessons learnt and they were:

1. the need for strengthening the surveillance at sentinel surveillance sites for ILI and SARI, with a focus on integrating surveillance of both influenza and COVID-19;

2. the need for strengthening the capacity for PISA in order to use the capacity to respond to a pandemic and an outbreak;

3. the importance of forecasting and quantification of logistics; and

4. the requirement, in the country context, of establishing and consolidating a mechanism for internal quality control of diagnosis by NIC.
Dr Gagan presented the plan for 2021, which focused on increasing collaborations of the WHO country office with MoPH to overcome challenges and to plan well in advance for activities, which could be implemented in 2021. As far as meetings were concerned, the plan was to organize more virtual meetings, trainings and workshops. The other area of interest involved the plan for forecasting for logistics in advance in order to avoid delays in shipments of essential health commodities. The WHO country office, on behalf of MoPH, requested continuous support from the PIP secretariat through PIP-PC funds.

**Indonesia**

Dr Vivi Setiawaty, Director, Research and Development, Biomedical and Basic Health Research, at the National Institute of Health Research and Development (NIHRD) of the Ministry of Health, presented the progress of the workplan implementation supported by the PIP-PC funds in 2020, challenges and lessons learnt, and the plan for implementation in 2021. At the outset, Dr Setiawaty informed the audience that the funds were used to support:

- PCR training for the laboratory network, support for the proficiency testing and training in ILI/SARI sentinel surveillance;
- adopting the GISRS platform for monitoring SARS-CoV-2 and expanding existing ILI and SARI sentinel surveillance to include eight additional hospital-based SARI sentinel surveillance and five ILI sentinel surveillance sites;
- adopting the National Influenza Pandemic Contingency Plan to develop the COVID-19 response plan, using the COVID-19 intra action review (IAR) findings, to improve ILI/SARI surveillance and influenza pandemic response, and conducting the field assessment of COVID-19 response in 15 provinces that would help pandemic influenza preparedness and response; and
- technical assistance for training the rapid response teams (RRTs), including training components covering hazard detection, joint risk assessment, specimen handling, laboratory testing and overall pandemic preparedness; participants from 34 provinces were trained.

Dr Setiawaty informed the audience that the country shared the influenza isolates with the WHO collaboration centre in Melbourne, Australia, and participated in EQAP for influenza and COVID-19, achieving the highest possible score. Dr Setiawaty also shared the lessons learnt during the pandemic. These included usefulness of the capacity-building for PCR testing for diagnosis of influenza and the pandemic contingency plan for COVID-19 response activities. It was also demonstrated that it was feasible to use ILI/SARI sentinel surveillance sites to monitor COVID-19 in Indonesia.

The audience was informed that PIP-PC workplan implementation in Indonesia in 2021 would focus on PCR training, EQAP, pandemic contingency planning, based on intra/after action reviews of pandemic response (including risk communication strategy, vaccine deployment plan and pandemic influenza products' regulatory pathway), and the development of national influenza prevention and control guidelines. The country requested continuous PIP support from WHO and an expert to help them develop the influenza risk communication strategy.
Myanmar

Dr Khin Khin Gyi, Programme Manager (PIP) and Director, Emerging and Re-emerging Infectious Diseases, at the Central Epidemiological Unit, Department of Public Health, Ministry of Health and Sports, updated the audience on the progress of the PIP-PC workplan in 2020, challenges faced, lesson learnt, as well as the workplan for 2021.

She stated that the previous training programmes carried out, using PIP-PC funds, to strengthen biosafety and biosecurity (March 2020) for handling infectious materials made Myanmar better prepared for COVID-19 response activities. Dr Gyi highlighted that the progress of the country from no local testing capacity to a capacity of testing 15,000–20,000 samples per day at 40 facilities for COVID-19 was possible because of the pandemic preparedness activities carried out using PIP-PC funds. Dr Gyi also informed the audience that in order to keep influenza testing up and running, the country has a dedicated day for influenza testing every week.

Dr Gyi informed the participants that Myanmar was able to implement almost all PIP activities, barring a couple of them, such as updating the National Influenza Pandemic Vaccine Deployment Plan and training in epidemiological data reporting to FluID of the WHO global platform for data-sharing. Another achievement, despite the burden of the COVID-19 pandemic, involved participating in and scoring 100% in the External Quality Assuring System (EQAS) programme for influenza testing.

The key lessons learned were:

- contributions of the workplan of the PIP-PC funds to strengthening the pandemic preparedness of the country and response capacity and establishing the foundation for COVID-19 response capacity;
- role of the well-established influenza surveillance system to initiate and sustain COVID-19 laboratory testing in the country;
- the fact that stockpiling of commodities such as personal protective equipment (PPE), laboratory reagents and consumables is important for outbreak and pandemic readiness in the country; and
- updating the National Pandemic Influenza Preparedness Plan and testing of it in order to be effective for sustaining the country readiness to respond to outbreaks and pandemics at any given point in time.

Dr Khin Khin Gyi also shared specific support needed from WHO headquarters and the Regional Office and the country office for reprogramming the activities that could not be implemented in 2020. In 2021, the plan was to prioritize implementation focusing on the approach of the integrated influenza and COVID-19 surveillance. In the discussion following the presentation, it was highlighted how Myanmar was successful in overall implementation of PIP activities with some novel ideas. It was also suggested that using the training of trainers’ workshop conducted in 2020, the training in clinical management of non-ICU SARI patients be nationally rolled out in this biennium.
Also suggested was the possibility of using PIP-PC funds for collecting clinical samples, following the approaches suggested in the WHO interim guidance on integrated monitoring of SARS-CoV-2, leveraging GISRS, and supporting their transfer to the NIC for laboratory testing. Given the fact that updating the National Influenza Pandemic Vaccine Deployment Plan was not completed in 2020, the opportunities offered by the COVID-19 pandemic vaccine deployment plan and the deployment process were highlighted for updating the National Influenza Pandemic Vaccine Deployment Plan.

**Timor-Leste**

Ms Merry Niha, head of the Department of Disease Surveillance at the Ministry of Health (MoH) of Timor-Leste, informed the participants about the progress of PIP activities in the country in 2020, lessons learned and the proposed plan of activities for 2021. Ms Merry Niha informed the audience that with the consensus among all partners, the focus of the ministry was on integration and strengthening integrated surveillance of influenza and monitoring of SARS-CoV-2. In this regard, she said that Timor-Leste could implement around 42% of the PIP-PC workplan.

She further told the audience that the achievement of Timor-Leste was establishment of an expanded integrated influenza and COVID-19 surveillance system from an almost nonexistent system. The SARI sentinel surveillance sites were expanded from originally three to eight referral hospitals – hospital nacional guido valadares (HNGV, originally 3) – and all community health centres (CHCs). There were 69 CHCs in total, focusing on three border municipalities and the capital, Dili. Thus, with the eight SARI sites and 69 CHCs, SARI surveillance has been expanded to 77 sites throughout the country.

Timor-Leste was successful in implementing the external quality assurance programme (EQAP). Despite the low numbers of influenza viruses detected, the country shared influenza viruses with WHO collaborating centres (CCs) once in 2020. Like other PIP-PC recipient countries, Timor-Leste too encountered a number of challenges. It was difficult for the country to carry out the planned PIP activities as the human resources required for PIP work were repurposed for COVID-19 response. The other big challenge involved difficulties in procurement and supply of laboratory reagents and consumables, leading to stoppage of almost all PIP-PC-supported activities.

The key lessons learnt were:

- Influenza surveillance and improved laboratory testing capacity within that laid the foundation for quick adaptation to COVID-19 response.
- An integrated surveillance system is the need of the hour in the country.
- Lessons learned in implementing the PIP framework through the PIP-PC programme enabled the country to establish strong surveillance and a system of laboratory diagnosis during the pandemic.
- The best way to implement activities, which were not implemented in 2020, is to focus on establishing an integrated influenza and COVID-19 surveillance system in 2021.
9.  **Session IV: Conclusions and recommendations**

Chair: Dr Supriya Bezbaruah, Technical Officer, Risk Communication and Community Engagement, WHO-SEARO.

**Conclusions and recommendations**

At the end of the meeting, participants agreed upon the following conclusions and recommendations.

**Conclusions**

- PIP-eligible countries in the Region acknowledge the importance of PIP-PC funds for supplementation and acceleration of national pandemic influenza preparedness and response in the SE Asia Region.

- However, 2019 was challenging for the implementation of PIP-PC workplans due to the COVID-19 pandemic. It affected overall implementation in Member countries as compared with pre-COVID-19 years.

- Despite these challenges, countries in the Region attempted to use PIP-PC funds in the best possible innovative way to strengthen pandemic influenza preparedness and response in complementarity with COVID-19 response.

- In 2021, based on the lessons learned and bottlenecks identified, PIP-PC funds recipient countries in the Region will look forward to optimal implementation of planned activities, having adapted to the “new normal” and utilizing the strategic direction of continuing delivery of essential health services in the context of COVID-19 in 2021.

- PIP-PC funds recipient countries in the Region viewed 2021 as an opportunity to update (a) influenza pandemic preparedness and response contingency plan in countries with National Action Plan for Health Security (NAPHS) or (b) national influenza pandemic preparedness and response (NIPPRP) standalone plan in other countries, considering the response to COVID-19 as a live exercise of testing influenza preparedness and response plans.

- Considering the importance of risk communication for managing infodemics in the current pandemic, PIP-eligible countries highlighted the importance of strengthening national risk communication and community mobilization activities for influenza epidemics and pandemics, and sought support for activities from WHO-SEARO under PIP-PC funds.

**Recommendations**

**PIP-PC-eligible countries**

- to plan implementation of the PIP workplan for 2021 in an optimal way after reviewing and adjusting for challenges and bottlenecks encountered in 2020;
- to work with WHO country offices to identify activities to be reprogrammed in 2021 to ensure feasible implementation in complementarity with COVID-19 support within the guidance of the PIP secretariat;
- to plan for national RCCM activities and seek WHO-SEARO support for implementation through the WHO country offices;
- to consider updating (a) influenza pandemic preparedness and response component in NAPHS or (b) standalone NIPPRP based on lessons learned from the COVID-19 pandemic;
- to review PIP workplan implementation on a quarterly basis with the WHO country office and WHO-SEARO; and
- to plan for activities to be included in the PIP-PC workplan (2022–23), based on country needs and guided by PIP advisory group recommendations.

**WHO**

- to work with PIP-PC-eligible countries in the Region to facilitate programme changes, where necessary, for optimal implementation of the workplan to achieve HLIP–II outcomes;
- to conduct quarterly reviews with PIP-PC-eligible countries to assess implementation and reprogramming activities, where necessary;
- to provide regionally developed materials for use and also support national efforts on RCCM;
- to provide technical support (where needed) to PIP-PC-eligible countries in the Region to update (a) the influenza pandemic preparedness and response component in NAPHS or (b) standalone NIPPRP based on lessons learned from the COVID-19 pandemic;
- to provide technical guidance from the PIP secretariat and work with countries to plan for PIP-PC workplan (2022–23); and
- to work with countries to document contributions of PIP-PC to surveillance, national pandemic influenza preparedness and response and so on.
Annex 1

Agenda

Welcome speech: Regional Emergency Director, SEARO

Session 1

Session moderated by Mr Francis Inbanathan, SEARO

Updates from the PIP Secretariat: Complementary use of PIP-PC with COVID-19 and administrative and other grant requirements: PIP Sec./HQ

Common compliance issues and financial requirements for 2021: PIP Sec./HQ

Recommendations of the PIP Advisory Group: Hints for countries to adopt in 2021 and planning for 2022 and beyond: PIP Sec./HQ

Discussions: Moderated by Mr Francis Inbanathan

Session II

Session moderated by Dr Pushpa WIJESINGHE, IHM/SEARO


Discussions: The way forward in 2021

Country 2 (Bangladesh): Progress of activities in 2020 (Implementation table), lessons learnt, Implementation plan for 2021: MoH/WCO, Bangladesh

Discussions: The way forward in 2021

RCCM work in the region for influenza: Proposed plan for work with the Region: Technical Officer - RCCM

Session III

Session moderated by PIP Secretariat/HQ

Country 3 (India): Progress of activities in 2020 (Implementation table), lessons learnt, Implementation plan for 2021: MoH/WCO, India

Discussions: The way forward in 2021


Discussions: The way forward in 2021

Country 5 (Indonesia): Progress of activities in 2020 (Implementation table), lessons learnt, Implementation plan for 2021: MoH/WCO, Indonesia

Discussions: The way forward in 2021

Session IV
Sessions moderated by Dr Supriya Bezbaruah, SEARO

Country 6 (Myanmar): Progress of activities in 2020 (Implementation table), lessons learnt, Implementation plan for 2021: MoH/WCO, Myanmar

Discussions: The way forward in 2021

Country 7 (DPR Korea): Progress of activities in 2020 (Implementation table), lessons learnt, Implementation plan for 2021: WCO, DPR Korea

Discussions: The way forward in 2021

Concluding remarks: IHM-SEARO
Annex 2

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Virtual annual meeting on progress review of implementation of pandemic influenza preparedness partnership contribution funds in priority countries in the WHO South-East Asia Region

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In 2011, the World Health Assembly unanimously adopted the PIP framework and established the yearly PIP partnership contribution (PIP-PC) mechanism to strengthen pandemic preparedness capacities. Through this mechanism, the WHO Regional Office supports seven PIP-eligible Member States – Bangladesh, Democratic People’s Republic of Korea, India, Indonesia, Myanmar, Nepal and Timor-Leste – in the Region.

The PIP secretariat of WHO, together with WHO regional offices and country offices, monitors implementation of PIP-PC-supported activities. In line with the requirement of the PIP Secretariat, the Health Emergencies Programme of WHO-SEARO organized a virtual PIP annual performance review meeting on 16–17 December 2020 with all PIP-PC fund recipient Member States and WHO country offices to review the progress of PIP-PC-supported activities implemented in 2020 and plan for effective implementation in 2021 in the context of COVID-19. This report presents the meeting proceedings and recommendations for the fund recipient Member States and WHO.

Virtual annual meeting on progress review of implementation of pandemic influenza preparedness partnership contribution funds in priority countries in the WHO South-East Asia Region

16–17 December 2020
New Delhi, India