

6-MONTH
REPORT

12-MONTH
REPORT

18-MONTH
REPORT

24-MONTH
REPORT

2022

2023

Pandemic Influenza Preparedness Framework

Progress
report

1 January–
30 June
2022



World Health
Organization

Pandemic Influenza Preparedness Framework

Progress report

1 January–30 June 2022

Pandemic Influenza Preparedness Framework: progress report, 1 January–30 June 2022

ISBN 978-92-4-005822-4 (electronic version)

ISBN 978-92-4-005823-1 (print version)

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Pandemic Influenza Preparedness Framework: progress report, 1 January–30 June 2022. Geneva: World Health Organization; 2022. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

CONTENTS

Acronyms and Abbreviations	iv
Introduction	1
PIP Framework implementation overview	3
Technical and financial implementation progress	6
Output reading guide	7
Laboratory & surveillance	8
Burden of disease	10
Regulatory capacity building	11
Risk communications & community engagement	12
Planning for deployment	13
Influenza pandemic preparedness planning	14
PIP Framework Secretariat	15
Stories from the field	17

ACRONYMS AND ABBREVIATIONS

AGWG	Advisory Group Working Group	L&S	Laboratory and surveillance capacity building
BIRD	Burden of Influenza and RSV Disease	NIC	National Influenza Centre
BM	Biological Material	NDVP	National Deployment and Vaccination Plan
BOD	Burden of disease	PC	Partnership Contribution
CC	Collaborating centre	PIP	Pandemic Influenza Preparedness
CVV	Candidate Vaccine Virus	PISA	Pandemic Influenza Severity Assessment
DEP	Planning for deployment	PSC	Programme Support Costs
ECBS	Expert Committee on Biological Standardization	RCCE	Risk Communications and Community Engagement
EPI-WIN	WHO Information Network for Epidemics	REG	Regulatory capacity building
EQAP	External Quality Assessment Programme	RT-PCR	Reverse Transcription Polymerase Chain Reaction
GISRS	Global Influenza Surveillance and Response System	SARI	Severe Acute Respiratory Infection
HLIP	High-Level Implementation Plan	SMTA2	Standard Material Transfer Agreement 2
ICFS	Interim Certified Financial Statement	US CDC	United States Centers for Disease Control and Prevention
IDP	Institutional Development Plan	VCM	Vaccine Composition Meeting
ILI	Influenza-Like-Illness	WER	Weekly Epidemiological Record
IPPP	Influenza pandemic preparedness planning	WHA	World Health Assembly
IVPP	Influenza Virus with Pandemic Potential	WHO	World Health Organization
IVTM	Influenza Virus Traceability Mechanism		

INTRODUCTION

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The key goals include: to improve and strengthen the sharing of influenza viruses with human pandemic potential through the WHO Global Influenza Surveillance and Response System (GISRS), and to increase the access of developing countries to vaccines and other pandemic response supplies.

The Framework includes a benefit-sharing mechanism called the Partnership Contribution (PC). The PC is collected as an annual cash contribution from influenza vaccine, diagnostic, and pharmaceutical manufacturers that use GISRS. Funds are allocated for: **(a)** pandemic preparedness capacity building; **(b)** response activities during the time of an influenza pandemic; and **(c)** PIP Secretariat for the management and implementation of the Framework.

For pandemic preparedness capacity building, activities are implemented according to six outputs under one outcome in the *High Level Implementation Plan (HLIP) II 2018-2023*. A mid-term external review of HLIP II was conducted in 2021, which led to an update of the indicators and milestones monitored. Reporting against the new measures commenced in 2022.

The technical and financial investments of countries and other partners, including GISRS, play a critical role in advancing pandemic preparedness alongside PC investments. Collectively, resources are used to strengthen pandemic preparedness systems, knowledge and capacities, and support achieving the overall objectives set out in WHO's Global Influenza Strategy 2019-2030. We thank countries and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives. The PIP PC funding model is described in *HLIP II*, Section 6.

This reporting format addresses the recommendation from the 2016 PIP Review that WHO develop progress reports that present overall success metrics and infographics to illustrate progress in PIP Framework implementation. A progress report is published four times a biennium, and covers technical and financial implementation for HLIP II, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2022.

For financial implementation, progress is reported against biennial workplan allocations. Figures presented exclude WHO programme support costs (PSC) unless otherwise stated. For the mid-year reports, income, expenditures and encumbrances are presented, and are based on WHO's financial tracking system (GSM). For annual and biennial reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement (ICFS).

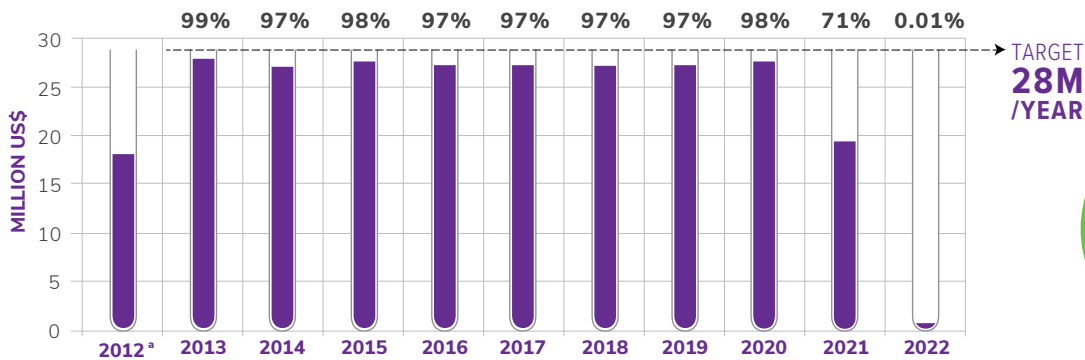
Many staff across WHO Clusters and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work.

For previous reports, see <https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/partnership-contribution>

IMPLEMENTATION OVERVIEW

PIP PC collection (As of 30 June 2022)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



\$256M
CONTRIBUTED BY
INDUSTRY^b

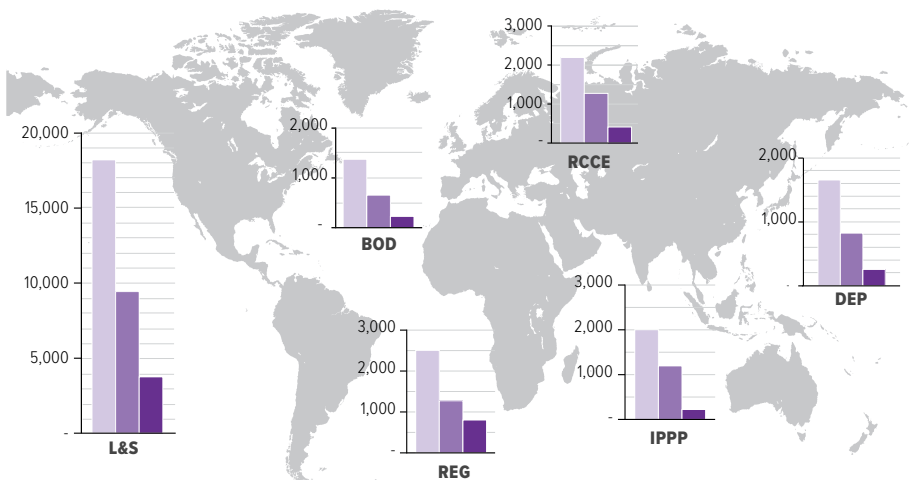
^a In 2012, contributions were made voluntarily.

^b Figure includes PSC. PC collection for previous unpaid contributions and 2022 invoices is in process. Invoices for 2022 issued end of June 2022. The figure does not include interest earned on Response Funds of \$ 3.6 million in 2018-2021.

PIP PC financial implementation for the biennium (As of 30 June 2022)

PREPAREDNESS

2022-2023 BIENNIAL BUDGET: **\$27.9M** FUNDED: **\$14.6M** IMPLEMENTED: **\$5.7M**



PIP SECRETARIAT

BIENNIAL BUDGET: **\$5.9M**

FUNDED: **\$3.2M**

IMPLEMENTED: **\$1.1M**

RESPONSE

TOTAL IN RESERVE
(WITH PSC & INTEREST
ACCRUED FOR 2018-21):
\$73.8M

LEGEND

Biennial budget
Funded
Implemented

PIP Framework outcome indicators

OUTCOME

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

Indicator	2021 Baseline	2023 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=15)	80%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator) (N=41)	90%	90%
% of PC recipient Member States reporting to FluID (N=41)	71%	80%
No. of Member States that developed or updated an influenza vaccination policy ^c	38 ^d	48
No. of PC recipient Member States that have implemented regulatory approach (N=48)	41	48
No. of PC recipient Member States that developed or updated an IPPP (N=65)	37	45
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	44%	50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	55%	100%

^c Due to data collection timelines, previous years indicator status data are presented. ^d 2020 data was used for this baseline.

PIP Biological Materials^e shared

PIP BMs RECORDED IN IVTM



FROM 1 JANUARY
TO 30 JUNE 2022:

28 VIRUS SUBTYPES RECORDED:
A(H1N2)V, A(H3N8), A(H5N6), A(H7N9), A(H9N2)



TOTAL SINCE 1 DECEMBER 2012:

1399 PIP BMs RECORDED

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

SMTA2: SECURING PRODUCTS FOR FUTURE PANDEMIC RESPONSE

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

Large / multi-national
manufacturers

>75M

pandemic production



Medium-sized
manufacturers

>5M and <75M

pandemic production



Small
manufacturers

<5M

pandemic production



~10%
of future pandemic
production
(>420M DOSES)^f

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

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



10M

TREATMENT COURSES
OF ANTIVIRALS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



75

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS



29

BENEFIT-SHARING OFFERS FROM
ACADEMIC & RESEARCH INSTITUTIONS

PIP Framework governance

As a result of on-going travel restrictions, the PIP Framework Advisory Group met in a virtual format again in March 2022. The meeting was preceded by two Technical Briefings covering the proportional division of PIP Partnership Contribution Funds and COVID-19 and influenza virus sharing. In addition to welcoming five new members, the Secretariat provided a thorough briefing to introduce new members to the PIP Framework.



The PIP Framework Secretariat continued to provide support to broader pandemic prevention, preparedness and response initiatives such as the WHO BioHub, the Member State Working Group on Preparedness and Response, the Intergovernmental Negotiating Body, the Global Genomic Surveillance Strategy and the International Pathogen Surveillance Network. Through this collaborative work, the PIP Secretariat is promoting synergies between its work and broader pandemic preparedness and response issues, ensuring that the experiences and lessons being learned from PIP Framework implementation can be used in other fora.

IMPLEMENTATION PROGRESS

NOTE TO READERS

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

OUTPUT READING GUIDE

Output name & statement

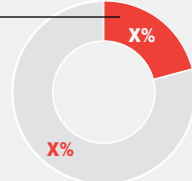
Laboratory & surveillance

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

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

DELIVERABLE A

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



\$XM
IMPLEMENTED

MILESTONES

	X PISA trainings completed	→	X countries from X regions
	X Outbreak detection & response trainings	→	X countries from X regions
	X Meetings, workshops, joint investigation & risk assessments	→	X countries from X regions

HIGHLIGHTS

- Risk and severity assessments are critical to inform national and global preparedness, response and recovery measures during an epidemic or a pandemic. X WHO risk assessments of human infections with non-seasonal or animal influenza viruses were published.
- X countries including X PC recipient countries from X regions reported their yearly influenza epidemic severity assessments to WHO. X% of these countries were trained by WHO in 2018-19. The number of countries reporting severity assessments decreased compared to 2019. This is likely due to the disruption to influenza surveillance caused by the COVID-19 pandemic and the sharp decline in influenza activity in 2020.
- X% of countries globally conducted outbreak detection and response trainings in 2020. These trainings are critical for influenza readiness and have been integral in the national and sub-national response to COVID-19.

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

Milestones: cumulative progress updated every six months since beginning of 2022

Funds implemented cumulatively at deliverable level (excluding PSC)

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

Deliverable name

Highlights from January to June 2022

Laboratory & surveillance

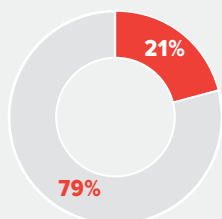


BIENNIAL BUDGET: **\$18.2M** | IMPLEMENTED: **\$3.7M**

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

DELIVERABLE A

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

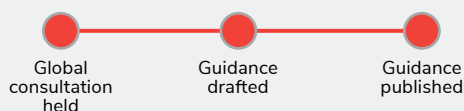


\$1.1M
IMPLEMENTED

MILESTONES



PISA guidance update

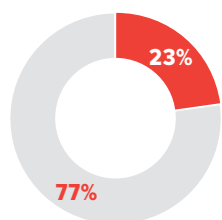


HIGHLIGHTS

- Five WHO risk assessments of human infections with non-seasonal or animal influenza viruses were published to inform national and global preparedness.
- Fifty-one trainings involving 26 countries from four regions on the Pandemic Influenza Severity Assessment tool were conducted.
- Seventy-three outbreak detection and response trainings were conducted in 12 countries from five regions. Additionally, 19 human-animal interface risk assessments, coordination meetings, and joint investigations were conducted in seven countries from two regions. These activities strengthen detection and response readiness.

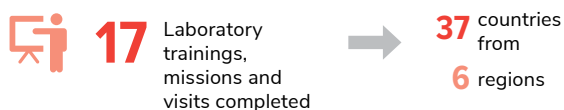
DELIVERABLE B

Quality influenza virus detection capacity is sustained

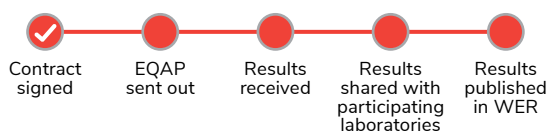


\$1.3M
IMPLEMENTED

MILESTONES



2022 EQAP status

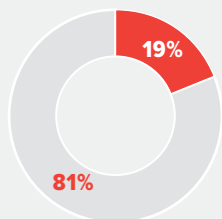


HIGHLIGHTS

- The External Quality Assessment Program (EQAP) is used to monitor, sustain, and drive improvements in virus detection capacity. The 2022 EQAP panel will be sent to countries in July. The panel includes components to assess influenza virus, SARS-COV-2 including variants of concern, and influenza antiviral susceptibility testing quality.
- Thirty-seven countries from six regions benefited from 17 trainings on laboratory diagnostic techniques including multiplex, quality management, and National Influenza Centre (NIC) support. These activities along with the annual participation in the EQAP help improve and sustain quality national influenza virus detection capacity.

DELIVERABLE C

Countries are supported to consistently report influenza data to global platforms



\$638K
IMPLEMENTED

MILESTONES



HIGHLIGHTS

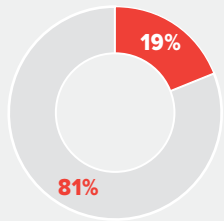
- Eighty countries were supported to share data with regional or global influenza surveillance platforms through 96 trainings and missions. These enable more timely and accurate reporting to regional and global influenza surveillance platforms to inform influenza risk assessments.
- Five regional meetings were held involving 42 countries to improve regional and global surveillance systems and data management. These meetings enabled countries to share experiences and good surveillance practices.



Laboratory & surveillance

DELIVERABLE D

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



\$672K
IMPLEMENTED

MILESTONES

3 Trainings on infectious substance shipping completed → **3** countries from **2** regions

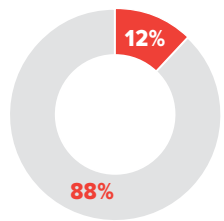
92 Shipments made using the Shipping Fund Project → **69** countries from **6** regions

HIGHLIGHTS

- Sixty-nine countries made 92 shipments of influenza viruses/clinical specimens to WHO collaborating centres (CC) in January–June 2022. This is compared to 71 countries making 106 shipments in the same period last year. Regular and timely virus sharing facilitates the work of GISRS in global risk management. WHO continues to advocate for countries to share influenza samples through regional meetings, global webinars and pre-Vaccine Composition Meeting (VCM) reminders.
- Three countries from two regions conducted trainings in infectious substance shipping to certify shippers. In the event of the emergence of a novel virus, having certified shippers is critical to rapidly share and characterize influenza viruses.
- WHO is continually advocating for the regular and timely sharing of influenza viruses according to operational guidance to facilitate the work of GISRS in global risk management.

DELIVERABLE E

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



\$37K
IMPLEMENTED

MILESTONES

1 Protocols and guidance reviewed, including translations

1 VCM consultation completed **1** new CVV proposed

HIGHLIGHTS

- Based on the current antigenic, genetic, and epidemiological data, one new Candidate Vaccine Virus (CVV) (A(H1)v virus) was proposed during the February 2022 VCM. Continued selection and development of CVVs is essential for global pandemic preparedness as zoonotic influenza viruses continuously evolve.
- To ensure countries have access to the latest information and guidance, WHO updated the multiplex diagnostics algorithm for influenza virus and SARS-CoV-2 reverse transcription polymerase chain reaction (RT-PCR) testing. These new algorithms and strategies enable countries to adapt sentinel surveillance systems to make them more agile for global and national surveillance needs. The algorithms have been included in the WHO guidance on [End-to-End integration of SARS-CoV-2 and influenza sentinel surveillance: revised interim guidance](#).

Burden of disease

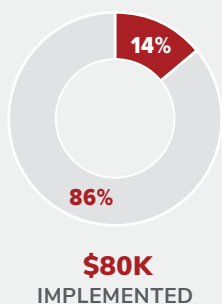


BIENNIAL BUDGET: **\$1.4M** | IMPLEMENTED: **\$225K**

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

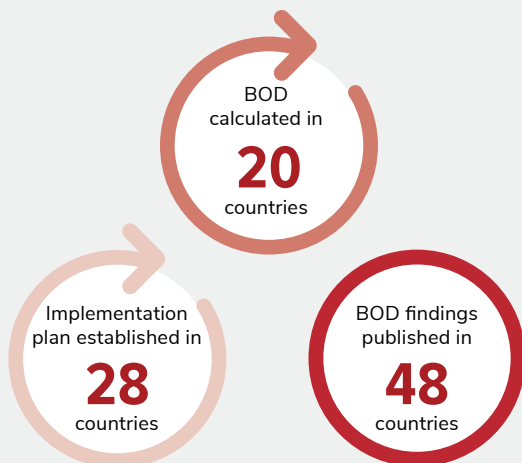
DELIVERABLE A

Representative national, regional and global disease burden estimates are available



MILESTONE

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

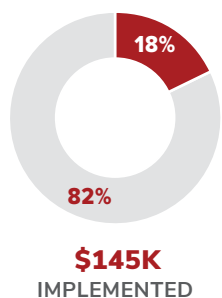


HIGHLIGHTS

- Ten countries have updated their burden estimates, with three publishing estimates on their influenza hospitalization burden. In addition, 52 have either calculated or established a plan to calculate their national burden estimates.
- WHO has initiated a collaborative project with five modelling groups to undertake an in-depth review and comparison of global influenza-associated hospitalization estimates. The five groups are the WHO CC at Hong Kong University, Burden of Influenza and RSV Disease (BIRD) project which is grant funded by the Foundation for Influenza Epidemiology, US CDC, University of Edinburgh, and the Institute of Health Metrics and Evaluation at the University of Washington. Three of the five modelling groups involved in this project have published estimates. Once combined with the estimates from the remaining two groups, these estimates will be used to develop a global consensus of the influenza-associated hospitalization burden.
- To date, 69 countries, including 23 low- and middle-income countries have shared their data for use in regional or global BOD estimates.

DELIVERABLE B

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



MILESTONE

Pyramid tool to estimate burden of influenza across the disease severity spectrum



HIGHLIGHTS

- In April 2022, the [Seasonal Influenza Disease Burden Estimator](#) (pyramid tool) was launched online. Developed in collaboration with the Johns Hopkins Centre for Health Security, this tool supports countries with limited data to enumerate cases, hospitalizations, and deaths, helping country-level decision-makers prepare more effectively for seasonal influenza epidemics and future influenza pandemics. This tool has been demonstrated to national focal points in the African and Eastern Mediterranean Regions.
- Collaborative work is underway in the Region of the Americas with influenza and immunization teams to estimate the burden of influenza averted through vaccination. Pilot countries are being identified with scoping missions planned in late-2022 and early-2023.

Regulatory capacity building

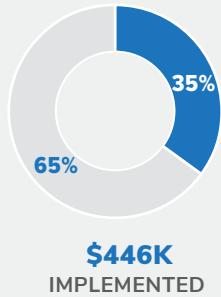


BIENNIAL BUDGET: \$2.5M | IMPLEMENTED: \$804K

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

DELIVERABLE A

National regulatory capacity for pandemic influenza products is strengthened



MILESTONES



3 Refinements made to WHO's Global Benchmarking Tool



2 Countries WHO-benchmarked



3 Countries self-benchmarked



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



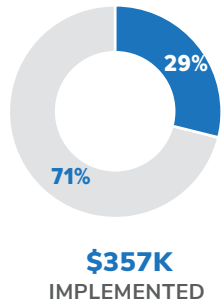
5 IDP implementation & technical support activities → **22** countries
2 regions

HIGHLIGHTS

- Benchmarking and support for implementing Institutional Development Plans (IDP) continued; three countries conducted self-benchmarking of key regulatory capacities and two formal WHO benchmarkings.
- WHO conducted 5 capacity-strengthening training workshops for 22 countries from 2 WHO regions – one of which was conducted in collaboration with Swissmedic. This training focused on the quality management systems, and strengthening its application, marketing authorization, and pharmacovigilance functions in accordance with international standards. These workshops strengthen countries' regulatory capacities for better response and oversight of pandemic medical products.

DELIVERABLE B

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



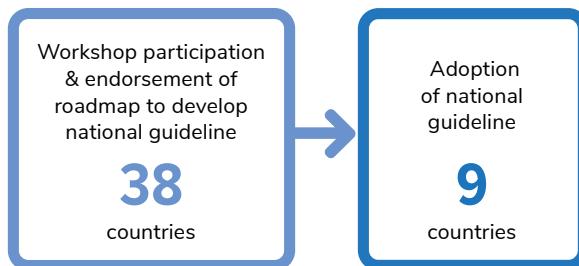
MILESTONES

WHO Regulatory preparedness guideline updated



0 Workshops/trainings and simulation exercises conducted to implement the PIP regulatory guidelines linking national IPPP & NDVP for pandemic influenza vaccines → **0** countries
0 regions

Country implementation of a defined regulatory approach



HIGHLIGHTS

- WHO is working towards updating the Regulatory Preparedness Guidelines by 2023. In February 2022, a proposal to update the current guideline was approved by the Expert Committee on Biological Standardization (ECBS) and the first drafting group meeting was conducted in July 2022 to finalize the first draft.
- WHO continues to support countries to implement their defined regulatory pathways based on WHO guidelines. Since 2018, 38 countries have participated in workshops on strengthening emergency regulatory procedures and endorsed roadmaps to develop a national guideline. Nine countries fully adopted their national guideline, which includes legal frameworks and written procedures for the emergency regulatory approval of pandemic products.

Risk communications & community engagement

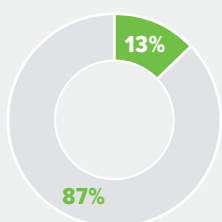


BIENNIAL BUDGET: \$2.2M | IMPLEMENTED: \$411K

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

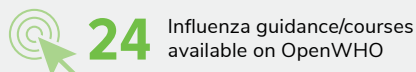
DELIVERABLE A

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

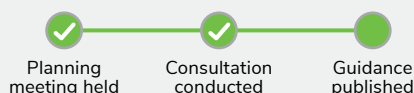


\$119K
IMPLEMENTED

MILESTONES



Social digital listening guidance

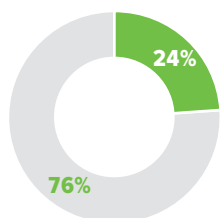


HIGHLIGHTS

- WHO is conducting a scoping review on the interventions and programmes to increase scientific literacy in public health emergencies, including for pandemic influenza. This review aims to provide an evidence-based approach to strengthening scientific literacy in communities and to understand how people understand scientific evidence based on knowledge, perceptions and biases.
- WHO delivered a global training to 561 participants from over 92 countries on strengthening vaccine demand. By leveraging social data, behavioral insights, infodemic management, service experience, and digital strategies, this training aims to promote, maintain, or restore, as appropriate, routine immunization for respiratory diseases, including influenza.
- In collaboration with research partners, WHO developed an integrated method for collating and analyzing infodemic data to generate insights to inform emergency response actions. This 'social digital listening' method was used during the COVID-19 pandemic to routinely analyze social media, traditional media, and other data sources, to create infodemic intelligence reports that inform effective RCCE. The method also enables data from different sectors to be used, which informs whole-of-society response actions. The lessons from COVID-19 are driving the development of global guidance and the adaptation of the method for use during a future influenza pandemic. Learn more about the method in the [Weekly Epidemiological Record \(WER\)](#).

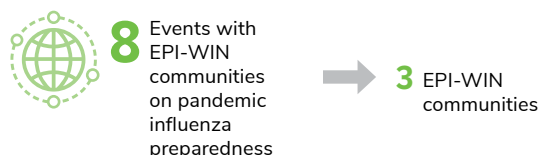
DELIVERABLE B

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

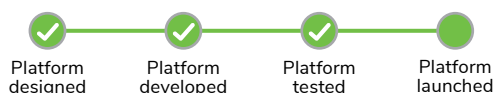


\$292K
IMPLEMENTED

MILESTONE



Development of EPI-WIN community platform



HIGHLIGHTS

- WHO continues to work with the WHO Information Network for Epidemics (EPI-WIN) to strengthen community engagement in pandemic influenza preparedness. Eight webinars have been conducted with the three EPI-WIN communities (Faith-based, Youth, and World-of-Work networks) aimed at engaging communities in pandemic influenza preparedness, respiratory pathogen preparedness, and science communication. These activities strengthen the engagement and preparedness actions among community groups.
- An online community knowledge platform called "Hive" was designed and developed during COVID-19 for the EPI-WIN communities. The aim of this platform is to provide access to trustworthy information, facilitate collaboration and information sharing (including for surveillance bulletins, guidance, and protocols implemented in response to the pandemic) and foster communities of practice. This platform is expanding its scope to include pandemic influenza and preparedness, and is currently undergoing user-testing. Introducing and normalizing its use in advance of an influenza pandemic will streamline communication and community engagement at the time of an emergency.

Planning for deployment

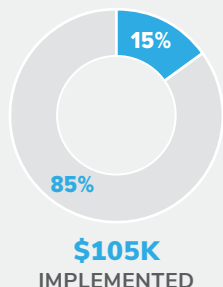


BIENNIAL BUDGET: **\$1.6M** | IMPLEMENTED: **\$257K**

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

DELIVERABLE A

A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners



MILESTONES



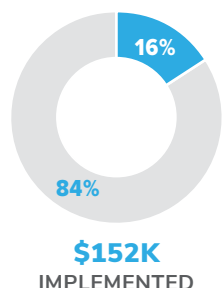
0 Tools, policies & guidance developed or revised considering COVID-19 lessons

HIGHLIGHTS

- As part of the Foresight project initiated to estimate national, regional, and global needs for pandemic influenza preparedness products (vaccines, antivirals, diagnostics, and therapeutics), a series of workshops and expert interviews were held to further develop the scenarios from which quantitative needs-estimates (number of doses/products required) were made. Participants in these workshops discussed opportunities and threats for WHO strategies for product deployment, achieving public health goals for pandemic preparedness, and key decisions to be made by WHO based on estimates and planning assumptions. Numerical estimates of product doses/numbers required by country and population groups have been developed in line with different public health goals. A report summarizing this body of work is being developed.

DELIVERABLE B

National deployment planning process is revised and updated



MILESTONES



0 Global guidance tools revised



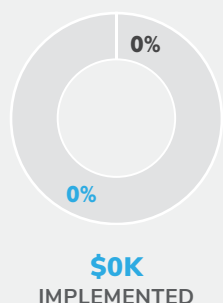
1 Training, mission, visit & other type of technical support provided to update NDVP → **7** countries
1 region

HIGHLIGHTS

- The guidance on Development and implementation of a national deployment and vaccination plan for vaccines against pandemic influenza and other respiratory viruses of pandemic potential is currently being revised to incorporate lessons learned from the country planning and deployment of COVID-19 vaccines.

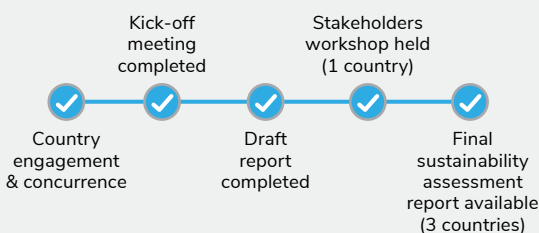
DELIVERABLE C

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



MILESTONES

Sustainability assessments



0 Trainings, missions, visits & other types of technical support provided → **0** countries
0 regions

HIGHLIGHTS

- WHO continues to promote the importance of seasonal influenza prevention and control for pandemic preparedness, including through vaccination. Through the [OpenWHO influenza prevention and control course](#), over 13,000 individuals have been trained.
- WHO is reviewing the tool for sustainable local production of influenza vaccines based on COVID-19 lessons learned and ensuring alignment with the [initiative on mRNA technology transfer](#) that was launched in 2021.

Influenza pandemic preparedness planning

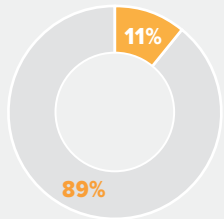


BIENNIAL BUDGET: \$2M | IMPLEMENTED: \$222K

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

DELIVERABLE A

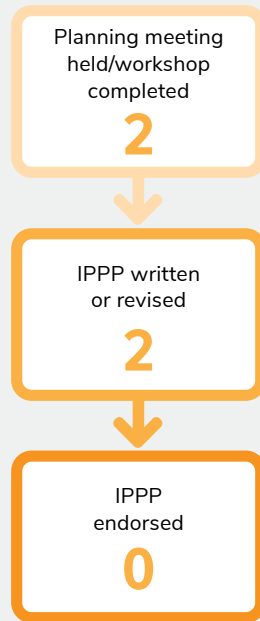
Countries are supported to develop, test and update their pandemic influenza preparedness plan



\$257K
IMPLEMENTED

MILESTONE

Number of PC recipient Member States developing/ revising their IPPP since January 2022



0
 IPPP exercises completed in → 0 countries
 0 regions

HIGHLIGHTS

- Countries are developing IPPPs in a step-wise approach requiring consistent stakeholder engagement. Additionally, many countries are reviewing COVID-19 experiences and integrating lessons learned into pandemic influenza preparedness and/or respiratory pathogen preparedness plans. Two countries held multi-sectoral planning meetings to assess preparedness and response capacities to push-forward their planning process, with two additional countries having written or revised their plans.
- In complementary activities and to update WHO guidance, tools and approaches for future pandemic preparedness, WHO is developing a respiratory pathogen preparedness resource pack and global community of practice. This will harmonize approaches to prepare for respiratory pathogen pandemics including for influenza. A [policy brief](#) was published to guide countries in respiratory pathogen pandemic preparedness. A global guidance document is now being developed, building on the [2017 Pandemic influenza risk management guidance](#), to incorporate lessons learned and good practices from the COVID-19 pandemic. Additionally, a simulation exercise package, a framework for resilient surveillance of respiratory viruses, and a partners engagement forum complement efforts to strengthen global coherence and coordination.

PIP Framework Secretariat

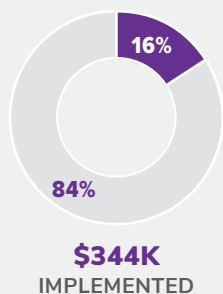
BIENNIAL BUDGET: **\$5.9M** | IMPLEMENTED: **\$1M**

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



DELIVERABLE A

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



MILESTONES

14 Meetings held and reports submitted to the WHO Director-General or governing bodies to support implementation of Section 7 (Governance and review) of the PIP Framework

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

Icon	Count	Status
	0	Early scoping/ Under discussion
	1	In process (draft reports)
	1	Final & published

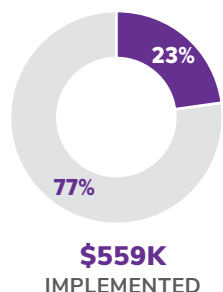
9 Advocacy materials/events completed to promote the PIP Framework to stakeholders

HIGHLIGHTS

- The 75th World Health Assembly was held on 22-28 May 2022. Member States considered the [Director-General's report on influenza preparedness](#) which was previously presented to the 150th Meeting of the Executive Board in February 2022. During their interventions, Member States reiterated strong support for the PIP Framework and GISRS. Some interventions noted that Member States should potentially explore the expansion of the PIP Framework to include other respiratory viruses with pandemic potential because such pathogens would be able to benefit from the PIP mechanisms, processes, and partnerships.
- Following the October 2021 PIP Advisory Group meeting, an informal PIP Advisory Group Working Group (AGWG) was established to develop guidance for the Director-General on a possible way forward to address the growing concerns around the sharing and use of seasonal influenza viruses. The AGWG held several meetings during the past six months and three consultations with stakeholders. The group is now in the process of developing a first draft of the report, which will be submitted to the PIP Advisory Group in advance of its October 2022 meeting.

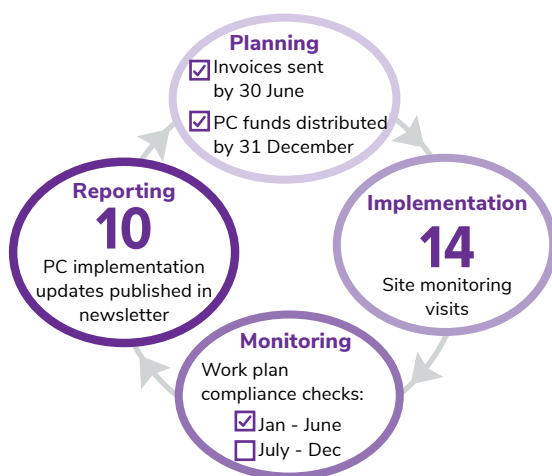
DELIVERABLE B

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



MILESTONES

Status in annual project management cycle

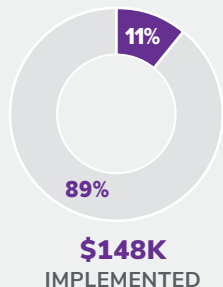


HIGHLIGHTS

- PC invoices were issued to 39 manufacturers in June 2022. This will facilitate the timely collection of funds for 2022.
- Ten 'Stories from the field' were published in the Influenza Newsletter between January and June 2022. The stories shed light on the impact of PC investments at the country, regional, and global levels, including the collateral benefits that PC investments have had on COVID-19 response.
- Fourteen monitoring visits both in-person and virtual were conducted by the PIP Secretariat, where discussions focused on planning for implementation in the 2022-23 biennium and coordinating with Ministries of Health, partners as well as WHO regional and country offices.

DELIVERABLE C

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



MILESTONES

Number of SMTA2s in negotiation

Icon	Count	Category
	2	With manufacturers of vaccines and/or antivirals
	0	With manufacturers of other pandemic related products
	0	With academic & research institutions

HIGHLIGHTS

- The PIP Secretariat reached agreement on the commitments under a new SMTA2 with a vaccine manufacturer. This agreement is expected to be concluded in 2022.
- In order to ensure that pandemic vaccine supply agreements remain up-to-date and can be implemented efficiently during a pandemic, the PIP secretariat must review each agreement regularly. One of those reviews was completed with an early SMTA2 signatory. For that SMTA2, the commitments were renegotiated due to changing circumstances of the manufacturer.
- The Secretariat is using an exchange of letters to amend the 70 Category C SMTA2s that must be amended to reflect Decision WHA72(12). Six additional Letters of Amendments were signed during the reporting period.



**STORIES FROM
THE FIELD**

Kyrgyzstan: leveraging SARI surveillance to monitor vaccine effectiveness

In December 2021, Kyrgyzstan began a project to leverage its high-quality surveillance system for severe acute respiratory infections (SARI) to assess the vaccine effectiveness of COVID-19 and influenza vaccines.

From early in the COVID-19 pandemic, WHO advised countries to use hospital-based sentinel surveillance systems originally established for influenza to also monitor SARS-CoV-2. These platforms can also be adapted to monitor the ongoing effectiveness of COVID-19 and influenza vaccines in preventing infections requiring hospitalization among SARI patients. Continually assessing vaccine effectiveness is particularly important given the increased risks posed by emerging SARS-CoV-2 variants of concern and the uncertainties about how long vaccine protection lasts, among other things. This can also strengthen routine monitoring of influenza vaccine effectiveness.

For almost a decade, Kyrgyzstan has worked to improve sentinel surveillance of Influenza-like illness (ILI) and SARI to inform policy decisions related to influenza control in the country. This work has been supported by the PIP Framework Partnership Contribution and Kyrgyzstan has shown remarkable progress in ensuring representative and high-quality sentinel influenza surveillance data. Soon after the COVID-19 pandemic began, Kyrgyzstan integrated COVID-19 monitoring into its sentinel influenza surveillance system, as recommended by WHO, and so has secured the continued monitoring of trends in circulation, virus characteristics and severity of disease.

Now the country has also adapted its epidemiological and laboratory SARI surveillance to enable periodic assessment of the effectiveness of COVID-19 and influenza vaccines.

The results of the vaccine effectiveness monitoring will aid programmatic decisions about COVID-19 and influenza vaccination strategies in Kyrgyzstan. They will also contribute to a pooled data analysis overseen by WHO that integrates data from SARI sites across multiple countries.

Kyrgyzstan's success story is based on harnessing an existing SARI sentinel surveillance system that was strengthened under the PIP Framework Partnership Contribution. The capacity building efforts undertaken over the past seven years to improve the quality and completeness of sentinel surveillance data are showing their value. The enhanced SARI surveillance system provides an effective framework for vaccine effectiveness estimates and provides essential input to policy decisions related to influenza and now also COVID-19 disease control in Kyrgyzstan. As such, the SARI surveillance systems and the vaccine effectiveness monitoring provide a cornerstone in the COVID-19 response and in the preparedness for future seasonal and pandemic influenza.



Health workers with vaccination-related equipment in a medical centre in Bishkek, Kyrgyzstan. Image credit: WHO / Task Force for Global Health / Ilya Karimdjyanov

Myanmar: learning from COVID-19 to prepare for influenza

Working with WHO, Myanmar is reflecting on its response to COVID-19 and using lessons learnt to strengthen its national influenza pandemic preparedness plan (IPPP).

When COVID-19 emerged in late 2019, Myanmar had just finished testing its capacity to put a new IPPP plan into practice through a simulation exercise focused on the operational capacity of Emergency Operations Centres and novel influenza outbreak response. The pandemic provided a live follow-up to the simulation exercise, testing all areas of the national plan to expose what worked and what didn't work well. Myanmar, like all countries, was suddenly forced to strengthen or build capacities for emergency response on multiple fronts.

The pandemic has severely tested the preparedness of nations and health systems around the world. But it has also provided a vital opportunity to learn from experience, identify best practices across different settings, and enable improvement. To that end, supported by the PIP Framework Partnership Contribution, WHO's Country Office for Myanmar did an in-depth analysis of the IPPP plan to identify areas that could be strengthened.

Recommendations to emerge from this work included:

- Revise the national plan as the contingency plan for infectious hazards within the overall multi-hazard public health emergency plan. Its major highlights would be the principles of comprehensive risk management, multisectoral & multidisciplinary approach for preparedness and response, and the community resilience for and in future pandemics and outbreaks.

- Integrate pandemic risk management plans into existing national emergency risk management programmes.
- Plan to mitigate the societal and economic impact of pandemics.
- Adopt a balanced, whole-of-government, and whole-of-society approach to planning, allocating resources, building capacity and implementing interventions for preparedness and response across health and non-health sectors.
- Develop a framework for facilitating evidence- and risk-based decision-making for public health and social measures during a pandemic.
- Develop a national clinical management preparedness stream to reduce the health impacts on people infected by a pandemic disease.
- Consider developing mechanisms for mobilizing civil society organizations and partners to maintain essential community services and functions during a pandemic response.

Following this in-depth analysis and recommendations, Myanmar is updating its IPPP plan. The plan will remain dynamic to accommodate new developments in research, learnings from experience and any changes to WHO guidelines on pandemic influenza risk and impact management.



General practitioners from Myanmar Medical Association receiving information, education and communication (IEC) materials, including an influenza fact sheet, that promote messages of influenza prevention & control as well as pandemic influenza preparedness. Image credit: WHO Myanmar

Afghanistan's influenza surveillance system stands solid

Afghanistan's health system may be challenged but its influenza surveillance system continues to function systematically, not only for monitoring influenza but also for testing and reporting COVID-19.

In August 2021, Afghanistan's health care system was on the verge of collapse following regime change and a freeze on international funding. Some health facilities have shut down and programmes have been suspended. Many health workers have either quit or left the country, leaving fewer workers trying to urgently respond to emergencies. At the same time, COVID-19 continues to spread across the country, with insufficient resources available to bring it under control.

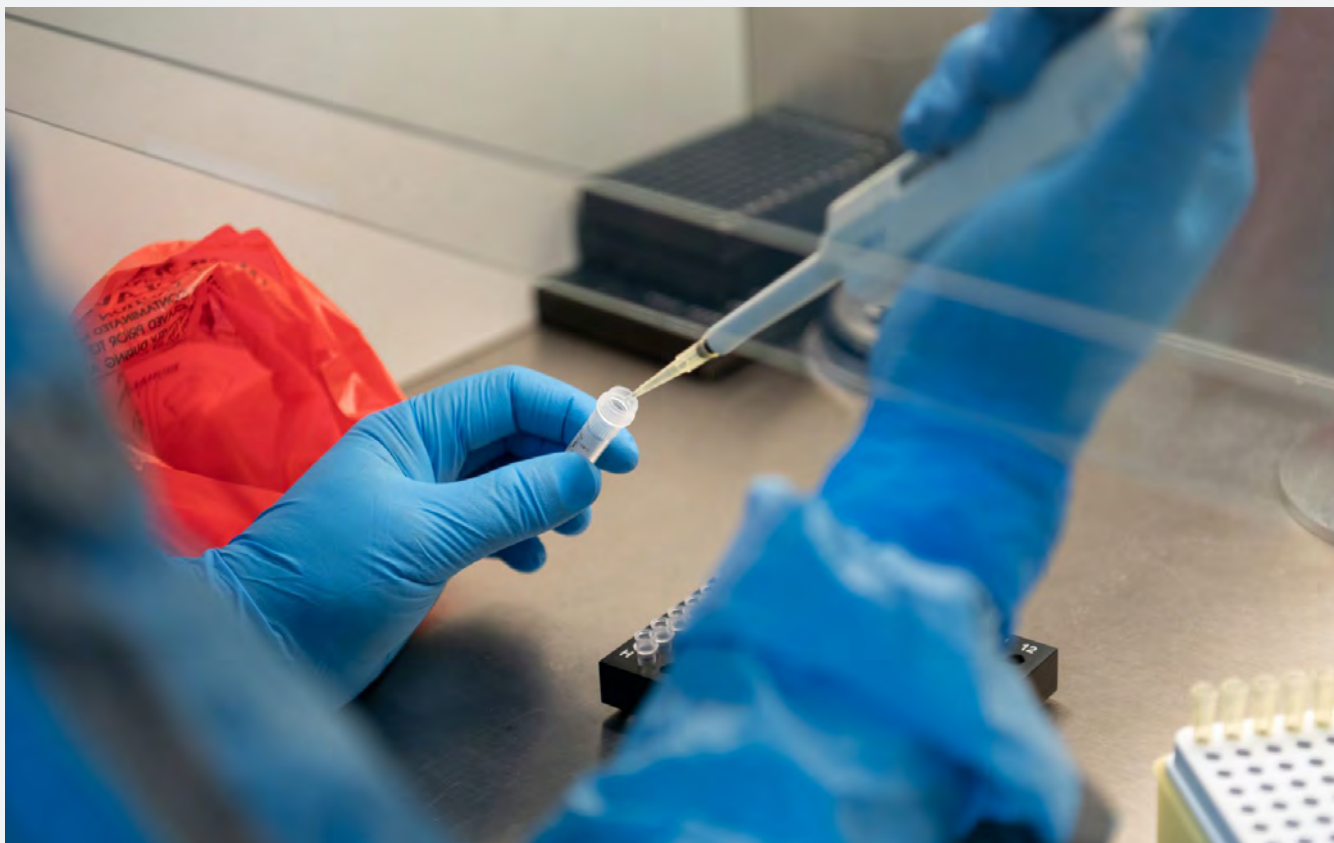
And yet, despite all these challenges, the country's influenza surveillance system continues to function. The National Influenza Centre and WHO's influenza team in Afghanistan successfully advocated the Ministry of Public Health for influenza surveillance activities to resume and today they continue to build on successes achieved during the COVID-19 pandemic.

This success in advocacy was the result of years of investment from the PIP Framework Partnership Contribution. It is thanks to this investment that an influenza surveillance system was already up and running when COVID-19 hit Afghanistan in February 2020 and could be leveraged to support the country's pandemic

response. The system was rooted in nine major hospitals across nine provinces, chosen for their geographical and population representativeness. At each hospital, a fully trained and skilled team had been developed and was ready to take virus samples from infected patients. And laboratories were equipped with the reagents and supplies they needed to perform differential diagnostic techniques for influenza.

The first sample of COVID-19 was collected at a PIP-supported influenza sentinel site and shipped to the national influenza centre for confirmation by RT-PCR test. Afghanistan is among the very few countries in the region using the integrated approach to surveillance promoted by GISRS+. Throughout the pandemic it has been testing and reporting for both influenza and SARS-CoV2 within its sentinel network.

Having a well-established surveillance system and being able to transfer knowledge and skills to put that system to a different use during a crisis is life-saving in countries like Afghanistan. It is a role model for the region from which other countries can replicate best practice.



COVID-19 testing at the Herat Regional Reference Laboratory in Afghanistan. Image credit: WHO/Andrew Quilty

Regional gatherings to strengthen pandemic influenza preparedness

WHO teams in the Eastern Mediterranean and African Regions have come together to invigorate capacity-building efforts under the PIP Framework.

“We are fully aware that the world is still in the midst of a crisis, and that one might argue that it is too early to start talking of preparing for future pandemics. We disagree. Now is the right time to talk about the future and about the changes that need to happen to improve our capacities for pandemic preparedness and response.”

– Dr Abdinasir Abubakar, Manager, Infectious Hazard Prevention and Preparedness, WHO Regional Office for Eastern Mediterranean.

Since 2014, WHO’s African and Eastern Mediterranean Regions have seen great gains in preparedness capacities. Four countries added designated National Influenza Centres, 15 countries started sharing influenza viruses with WHO CCs, 8 started participating in the molecular external quality assessment programme, and 27 started sharing virological or epidemiological data with global platforms to inform risk assessment (see [PIP Biennial Progress Report](#)). The COVID-19 pandemic temporarily shifted attention away from preparedness but it also enabled countries in both regions to put capacities into practice.

Now, after two years of being unable to meet in person, these two regions have brought country teams together to

invigorate PIP Framework capacity-building efforts. WHO gathered representatives from the ten PIP countries in its Eastern Mediterranean Region together in May in Amman, Jordan and seven of the PIP countries in the African Region in June in Ndjamen, Chad. The meetings were attended by WHO staff at country, regional and headquarter levels, and in the case of the African Region, Ministry of Health representatives, to review progress, reflect on workplans, discuss challenges, and propose innovative approaches to maximize efficiency and coherence in implementation.

At the meetings countries shared experiences, lessons, and ideas and deliberated about opportunities for further strengthening preparedness at the country level. During the African Region meeting, countries forged partnerships and made plans to visit and support each other to strengthen laboratory practices. At the Eastern Mediterranean Region meeting, participants identified common themes, ways to address the challenges caused by emergencies in the region, and innovative ideas for strengthening project management.

Moving forward, countries in both regions will work to integrate influenza and respiratory pathogen systems for more effective capacity building efforts.



PIP Coordination Meeting in the African Region. Image credit: WHO

World Health Organization

20 Avenue Appia
1211 Geneva 27
Switzerland

PIP Framework Secretariat

pipframework@who.int

www.who.int/initiatives/pandemic-influenza-preparedness-framework

