6-MONTH REPORT

12-MONTH REPORT

18-MONTH REPORT

24-MONTH REPORT

2022 2023

Pandemic Influenza Preparedness Framework

Eighteen-month progress report

1 January 2022 – 30 June 2023

World Health Organization

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Pandemic Influenza Preparedness Framework: eighteen-month progress report, 1 January 2022–30 June 2023.

ISBN 978-92-4-008743-9 (electronic version)
ISBN 978-92-4-008744-6 (print version)

Suggested citation. Pandemic Influenza Preparedness Framework: eighteen-month progress report, 1 January 2022–30 June 2023. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

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Contents

Acronyms and abbreviations

BM	Biological Material
BOD	Burden of Disease
CC	Collaborating Centre
CVV	Candidate Vaccine Virus
DEP	Planning for Deployment
EARS	Early AI-supported Response and Social Listening System
ECBS	Expert committee on biological standardization
EPI-WIN	WHO Information network for epidemics
EQAP	External Quality Assessment Programme
GBT	Global Benchmarking Tool
GISRS	Global Influenza Surveillance and Response System
HAI	Human Animal Interface
HLIP	High-Level Implementation Plan
ICFS	Interim Certified Financial Statement
IDP	Institutional Development Plan
IPPP	Influenza Pandemic Preparedness Planning
ISST	Infectious Substances Shipping Training
IVPP	Influenza Virus with Pandemic Potential
IVTM	Influenza Virus Traceability Mechanism
L&S	Laboratory and Surveillance Capacity Building
LMIC	Low-middle income country
MA	Marketing Authorization
MCM	Medical countermeasures
MS	Member State
NIC	National Influenza Centre
NDVP	National Deployment and Vaccination Plan
PC	Partnership Contribution
PESTLE	Political, economic, social, technological, legal and environmental
PIP	Pandemic Influenza Preparedness
PISA	Pandemic Influenza Severity Assessment
PRET	Preparedness and resilience for emerging threats
PSC	Programme Support Costs
QMS	Quality Management Systems
RCCE	Risk Communications and Community Engagement
REG	Regulatory Capacity Building
SFP	Shipping Fund Project
SMTA2	Standard Material Transfer Agreement 2
VCM	Vaccine Composition Meeting
WER	Weekly Epidemiological Record
WHO	World Health Organization

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. 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).

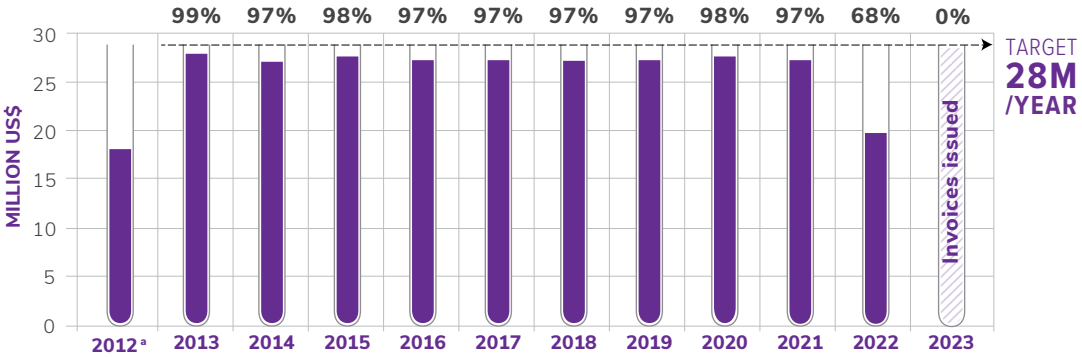
Many staff across WHO Divisions and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work.

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

PIP Framework implementation overview

PIP PC collection (As of 30 June 2023)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



$282.9M
CONTRIBUTED BY INDUSTRY [b]

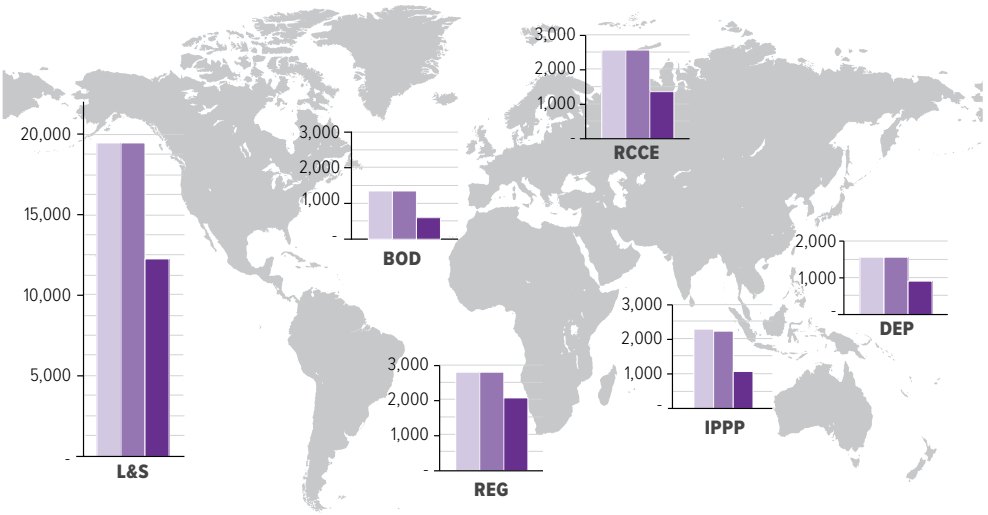
a In 2012, contributions were made voluntarily.

b Figure includes PSC. PC collection for previous unpaid contributions and 2023 invoices is in process. Invoices for 2023 issued end of June 2023. The figure does not include interest earned on Response Funds of $ 4.01 million in 2018-2022.

PIP PC financial implementation for the biennium (As of 30 June 2023)

PREPAREDNESS

2022-2023 BIENNIAL BUDGET: **$30M** FUNDED: **$29.9M** IMPLEMENTED: **$18.3M**



PIP SECRETARIAT

BIENNIAL BUDGET: **$5.9M**

FUNDED: **$4.2M**

IMPLEMENTED: **$2.7M**

RESPONSE

TOTAL IN RESERVE (WITH PSC & INTEREST ACCRUED FOR 2018-22): $76.7M

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	2022 Status	2023 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=7)	80%	57%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator) (N=43)	90%	91%	90%
% of PC recipient Member States reporting to FluID (N=43)	71%	79%	80%
No. of Member States that developed or updated an influenza vaccination policy.[c]	33[d,e]	47[f]	48
No. of PC recipient Member States that have implemented a regulatory approach (N=48)	41	48	48
No. of PC recipient Member States that developed or updated an IPPP (N=65)	37	37	45
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	44%	44%	50%
% of Partnership Contributions received in the year of invoice (N=$28M)	55%	52%	100%

c Due to data collection timelines, previous years indicator status data are presented **d** 2020 data was used for this baseline **e** The 2021 baseline was reported to be 38 in the January - June 2022 PIP Six-Month Progress Report. This result has since been corrected upon reviewing the data retrospectively. **f** 2021 data was used for this result

PIP Biological Materials[g] shared

PIP BMs RECORDED IN IVTM

FROM 1 JANUARY 2022 TO 30 JUNE 2023:

123 VIRUS SUBTYPES RECORDED:
H1V, H1N1V, H1N2V, H3N2V, H3N8, H5N1, H5N6, H5N8,H7N9,H9N2, H10N3

TOTAL SINCE 1 DECEMBER 2012:

1492 PIP BMs RECORDED

g 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)[h]

h 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

250,000
DIAGNOSTIC KITS

25M
SYRINGES

75
SMTA2 WITH ACADEMIC & RESEARCH INSTITUTIONS

29
BENEFIT-SHARING OFFERS FROM ACADEMIC & RESEARCH INSTITUTIONS

PIP Framework governance

The PIP Advisory Group met from 28-31 March 2023 in Geneva. The meeting was preceded by a Technical Briefing to the 5 new AG members, providing a thorough overview of the PIP Framework. During the meeting, the Advisory Group received briefings on the implementation of the PIP Framework and discussed in more details matters such as the finalization of HLIP III, updating the level of the Partnership Contribution (PC) and revising the PC Formula.

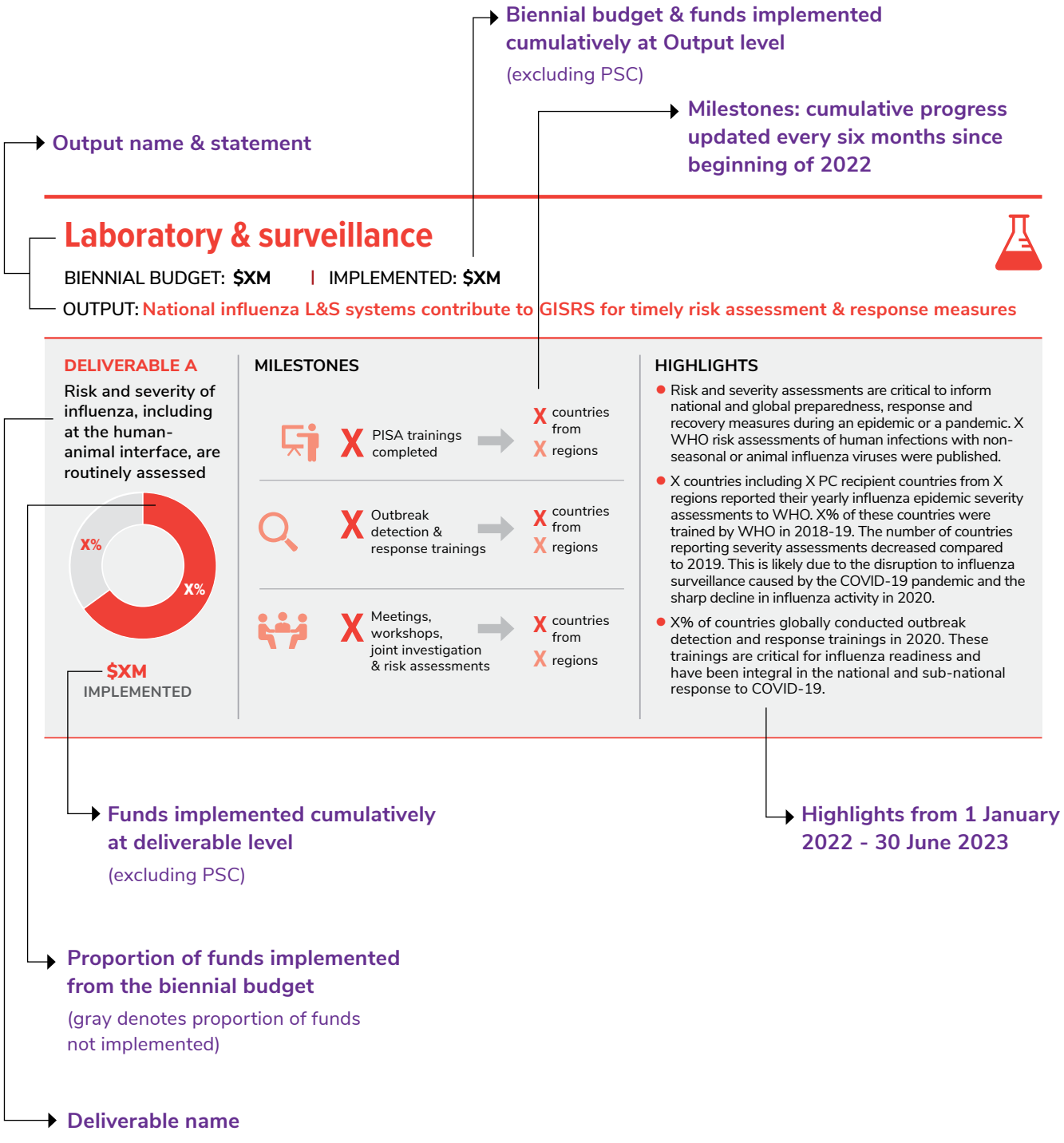
The PIP Framework Secretariat continued to provide support to broader pandemic prevention, preparedness, and response initiatives, particularly to the Intergovernmental Negotiating Body (INB). Through this collaborative work, the PIP Secretariat is promoting synergies between its work and broader pandemic preparedness and response issues, ensuring that the experiences and lessons being learned from the PIP Framework implementation can be used in other fora.

Technical and financial implementation progress

NOTE TO READERS

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

Output reading guide



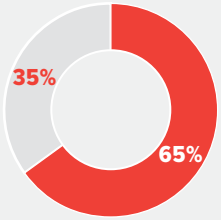
Laboratory & surveillance

BIENNIAL BUDGET: **$19.4M** | IMPLEMENTED: **$12.2M**

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



$4M
IMPLEMENTED

MILESTONES

61 PISA trainings completed → **30** countries from **5** regions

151 Outbreak detection & response trainings → **61** countries from **6** regions

48 Meetings, workshops, joint investigation & risk assessments → **58** countries from **6** regions

PISA guidance update

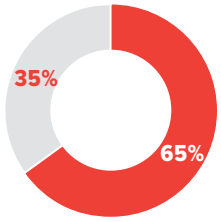
- Global consultation held
- Guidance drafted and shared widely for inputs
- Guidance published

HIGHLIGHTS

- Sixty-one trainings involving 30 countries from five regions were conducted on the Pandemic Influenza Severity Assessment tool (PISA).
- A global consultation on PISA guidance was held in June 2023, with aims of
  - exchanging experiences and lessons learned in recent years on how to evaluate the severity of respiratory disease epidemics and pandemics;
  - reaching a consensus on a number of proposed changes to the WHO PISA framework; and
  - discussing ways in which national and global capacities for severity assessment could be collaboratively improved to better guide public health and other sector responses
- Outbreak detection and response trainings are critical for pandemic influenza readiness. One hundred fifty-one outbreak detection and response trainings were conducted in 61 countries from six regions.
- Additionally, 48 country-level HAI risk assessments, coordination meetings, and joint investigations were conducted in 58 countries from six regions. These activities strengthen influenza detection and response readiness.

DELIVERABLE B

Quality influenza virus detection capacity is sustained



$3.9M
IMPLEMENTED

MILESTONES

50 Laboratory trainings, missions and visits completed → **83** countries from **6** regions

2021 EQAP status

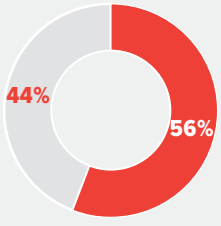
- Contract signed
- EQAP sent out
- Results received
- Results shared with participating laboratories
- Results published in WER

HIGHLIGHTS

- In 2023, two National Influenza Centres (NIC) were newly recognized by WHO in Bhutan and Maldives – bringing the total number of NICs globally to 151 in 127 countries. Increasing access to NICs was identified as one of the ten-year objectives set by the PIP Advisory Group in 2013 as it improves data representativeness and facilitates a timely and effective response to an influenza pandemic.
- 83 countries from six regions have benefited from 50 laboratory training activities. These activities along with the yearly participation in the EQAP help improve and sustain quality national influenza virus detection capacity.
- The External Quality Assessment Program (EQAP) is used to monitor, sustain, and drive improvements in virus detection capacity. The 2023 EQAP panel was sent to countries in July 2023 and included components to assess influenza virus, SARS-COV-2 including the Omicron variant of concern, and influenza antiviral susceptibility testing quality.
- "Crafting the mosaic": a framework for resilient surveillance for respiratory viruses of epidemic and pandemic potential was published and launched in March 2023 to support countries in identifying multiple fit-for-purpose surveillance approaches that address priority surveillance objectives for influenza, SARS-CoV-2, and other respiratory viruses of epidemic and pandemic potential, according to country context.

DELIVERABLE C

Countries are supported to consistently report influenza data to global platforms



$1.9M
IMPLEMENTED

MILESTONES

20 Regional meetings held to improve global surveillance systems → **138** countries from **6** regions

267 Trainings, missions and other types of support for surveillance provided → **113** countries from **6** regions

274 Regional bulletins published → **4** regions involved

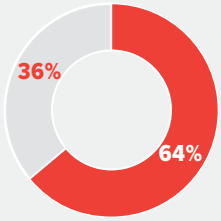
HIGHLIGHTS

- Twenty regional meetings were held involving 138 countries to improve regional and global surveillance systems and data management. These meetings enabled countries to share good surveillance practices, review lessons from COVID-19, and discuss efforts to update pandemic preparedness plans.
- One hundred and thirteen countries were supported to share data with regional or global influenza surveillance platforms through 267 trainings and missions. These enable more timely and accurate reporting to regional and global influenza surveillance platforms to inform influenza risk assessments.

Laboratory & surveillance

DELIVERABLE D

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



$2.2M
IMPLEMENTED

MILESTONES

5 Trainings on infectious substance shipping completed → **11** countries from **3** regions

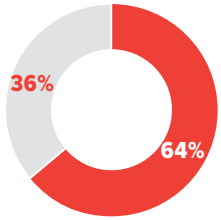
328 Shipments made using the SFP → **104** countries from **6** regions

HIGHLIGHTS

- Eleven countries from three regions conducted five 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.
- Through the WHO Shipping Fund Project (SFP), 104 countries from all six regions made 328 shipments of influenza viruses/clinical specimens to WHO CCs since January 2022. In the first six months of 2023, 86 countries made 123 shipments compared to 69 countries making 92 shipments in the same period last year. This continued increase is evidence of virus sharing returning to pre-pandemic levels and increase in circulation of flu virus.

DELIVERABLE E

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



$195K
IMPLEMENTED

MILESTONES

1 Protocol and guidance reviewed, including translations

3 VCM consultations completed → **4** new CVVs proposed

HIGHLIGHTS

- WHO published a guidance on the end-to-end integration of SARS-CoV-2 and influenza sentinel surveillance, which included an updated multiplex influenza virus real time polymerase chain reaction (RT-PCR) and SARS-CoV-2 laboratory algorithm.
- Based on current antigenic, genetic and epidemiologic data, one new Candidate Vaccine Virus (CVV) was proposed during the February 2023 Vaccine Composition Meeting (VCM). Continued selection and development of CVVs is essential for global pandemic preparedness as zoonotic influenza viruses continuously evolve.

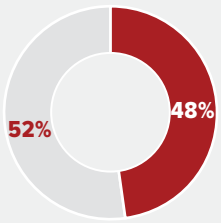
Burden of disease

BIENNIAL BUDGET: **$1.3M** | IMPLEMENTED: **$600K**

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

DELIVERABLE A

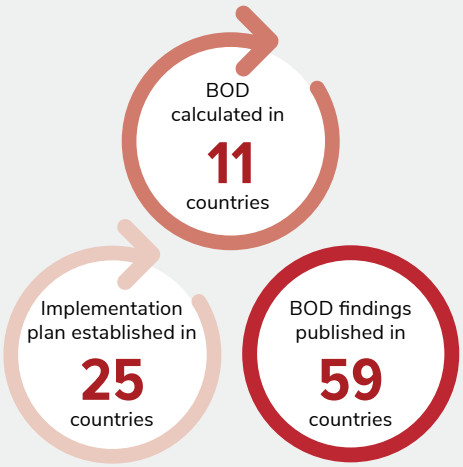
Representative national, regional and global disease burden estimates are available



$277K
IMPLEMENTED

MILESTONE

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

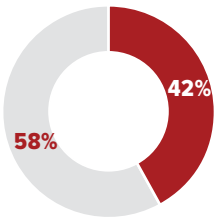


HIGHLIGHTS

- Between January and June 2023, six additional countries published their BOD estimates and 14 updated their previous findings bringing the total to 59 countries with BOD estimates globally. Of the 59 countries, 60% (33) are of upper-middle, low-middle and low-income countries. In addition, 36 have either calculated or established a plan to calculate their national burden estimates.
- Following the global meeting in 2022 on the development of tools and methodologies to estimate influenza disease burden, Lebanon estimated the national burden of influenza-associated illness across different severity levels and published their results. Another country's analysis and manuscript are currently under review. Both countries used updated WHO methodologies featured in the WHO BOD manual and the Seasonal Influenza Disease Burden Estimator to conduct their analyses in line with recommendations from the global meeting.

DELIVERABLE B

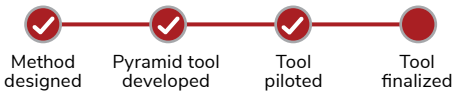
Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making



$324K
IMPLEMENTED

MILESTONE

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



HIGHLIGHTS

- WHO, PAHO and the US CDC have collaboratively developed a model to assist countries to estimate the burden of influenza averted through vaccination. This model was piloted in three countries in the Region of the Americas and the results will be used to foster increased vaccination coverage and identify the optimal timing for both commencing influenza vaccination and the delivery period. A manuscript is being drafted with the aim of publishing these results in a peer-reviewed publication.
- Two countries in the Eastern Mediterranean Region are developing internal communication plans aimed at sharing burden of disease estimates and leveraging this information with key Ministries to foster the expansion of influenza vaccination programmes.

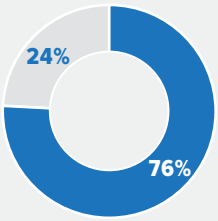
Regulatory capacity building

BIENNIAL BUDGET: **$2.8M** | IMPLEMENTED: **$2M**

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

DELIVERABLE A

National regulatory capacity for pandemic influenza products is strengthened



$1M
IMPLEMENTED

MILESTONES

11 Refinements made to WHO GBT

11 Countries WHO-benchmarked

17 Countries self-benchmarked

18 IDP follow-up visits → **14** countries, **5** regions

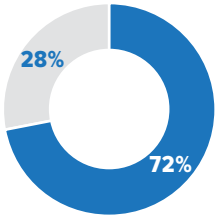
7 IDP implementation & technical support activities → **52** countries, **6** regions

HIGHLIGHTS

- The computerized tool (cGBT) refinement enhances the benchmarking process in terms of collecting, sharing, processing, analyzing and storing of large amounts of information, much of which is of a confidential nature. It enables WHO and regulatory authorities to identify areas of strength as well as areas for improvement; facilitate the formulation of an institutional development plan (IDP) to build upon strengths and address identified gaps; and to help monitor progress as well as recognition of NRAs who can be relied upon by other NRAs. In support of this function, WHO developed the WHO-Listed Authority (WLA) framework and Computerization of Performance Evaluation indicators scorecard and WLA tools.
- Benchmarking and support for implementing Institutional Development Plans (IDP) continued; Seventeen countries conducted self-benchmarking assessments of key regulatory capacities, and 11 underwent WHO benchmarking assessments.
- WHO conducted seven technical support activities and regional workshops three of which were together with Swissmedic, for 52 countries from six regions. These trainings focused on implementing institutional development plans (IDP) and the use of methods and procedures in quality management systems (QMS), marketing authorization and pharmacovigilance in accordance with international standards. This collaboration continues to strengthen countries' regulatory capacities for approval of products for pandemic preparedness and response.

DELIVERABLE B

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



$1M
IMPLEMENTED

MILESTONES

WHO Regulatory preparedness guideline updated

7 Workshop/training conducted to implement the PIP regulatory guidelines linking national IPPP & NDVP for pandemic influenza vaccines → **42** countries, **6** regions

HIGHLIGHTS

- WHO is updating its emergency regulatory preparedness guidelines based on the outcomes and feedback from WHO implementation workshops, and using the regulatory requirements and challenges experienced through the COVID-19 pandemic. These guidelines were released for public consultation through which further revisions are being made. Subsequent consultations are expected to be completed by September 2023.
- WHO conducted seven quality management systems (QMS) implementation workshops for 42 countries from six regions.
- 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. Eight countries fully adopted their national guideline, which includes legal frameworks and written procedures for the emergency regulatory approval of pandemic products.

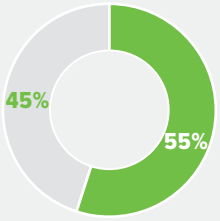
Risk communications & community engagement

BIENNIAL BUDGET: **$2.6M** | IMPLEMENTED: **$1.4M**

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



$633K
IMPLEMENTED

MILESTONES

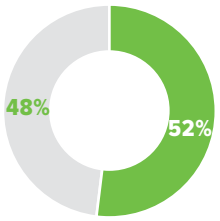
32 Influenza guidance/courses available on OpenWHO

HIGHLIGHTS

- OpenWHO celebrated six years of global learning in June 2023. It launched in 2017, with the support of the PIP Partnership Contribution, to facilitate transfer of public health knowledge on a massive scale in anticipation of the next pandemic. It was grounded in principles of open access and equity with courses that are free, self-paced, accessible in low-bandwidth and offline formats, and available in 71 national and local languages. OpenWHO has had 8 million enrolments since its inception, it has covered 215 course topics, and made life-saving information accessible during COVID-19.
- Most recently, OpenWHO launched an infodemic management channel that includes four courses in English, Spanish and Arabic with the aim to provide health workers and emergency responders with an overview on how to address social marketing activities and health misinformation.
- WHO together with UNICEF developed a manual on how to create evidence-based social listening and infodemic insight reports. It is a step-by-step guide for infodemic managers and was published in July 2023.

DELIVERABLE B

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



$733K
IMPLEMENTED

MILESTONE

8 Trainings, missions and other types of technical support provided involving → **48** countries, **6** regions

18 Events with EPI-WIN communities on pandemic influenza preparedness → **3** EPI-WIN Communities

Development of EPI-WIN community platform

Platform designed — Platform developed — Platform tested — Platform launched

HIGHLIGHTS

- Eighteen webinars have been conducted, including with the three EPI-WIN communities (Faith-based, Youth, and World-of-Work networks). Five webinars since January 2023 focused on pressing issues including influenza vaccination, trust in pandemic preparedness, recent outbreaks of avian influenza, and the current global influenza situation and its implications for pandemic influenza preparedness.
- An informal consultation on Science and Knowledge Translation in Public Health Emergencies was held in Turkey in February 2023, and it brought together 40 experts from all six WHO regions. The consultation resulted in the collection of inputs for the Framework of Action for Science and Knowledge Translation in Public Health Emergencies and clarification of the roles of the global Science and Knowledge Translation Network (SKTN) for public health emergencies.
- A "Science for Factcheckers training of trainers workshop" was held in Thailand in March 2023. It included health and media professionals and others, with aims to 1) strengthen their understanding of the best available science in public health emergencies, 2) equip them with tools and techniques to communicate evolving scientific facts, and 3) amplify scientific evidence through a global community of factcheckers. The trainees are expected to continue training others in their countries and networks, to amplify the scientific facts as part of preparedness for future pandemics.
- The Hive is a community centered epidemic and pandemic information and engagement platform launched in March 2023, with the aim to provide access to trustworthy information, facilitate collaboration and knowledge sharing and foster communities of practice. It is an innovative platform, leveraging artificial intelligence and the power of communities to crowdsource solutions to community concerns and needs. In 2023, 12 active communities were onboarded for respiratory pathogen pandemic preparedness. The platform generated 44,000 platform interactions from users coming from 87 different countries.

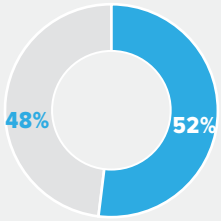
Planning for deployment

BIENNIAL BUDGET: **$1.6M** | IMPLEMENTED: **$910K**

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



$315K
IMPLEMENTED

MILESTONES

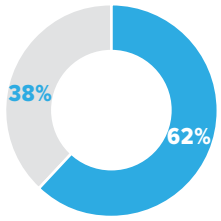
2 Tools, policies & guidance developed or revised considering COVID-19 lessons

HIGHLIGHTS

- As part of developing the WHO operational framework for access, allocation and deployment of pandemic products, WHO held a meeting with partners from international organizations, non-governmental organizations, and civil society. The meeting aimed to advance work to identify, map and bring together the various stakeholders in the complex and multifaceted medical countermeasures (MCM) ecosystem. The discussion marks the first in a series of dialogues to prepare for the next pandemic, with a focus on operational solutions for developing, accessing, allocating and introducing MCM.

DELIVERABLE B

National deployment planning process is revised and updated



$596K
IMPLEMENTED

MILESTONES

2 Global guidance tool revised

10 Training, mission, visit & other type of technical support provided to update NDVP

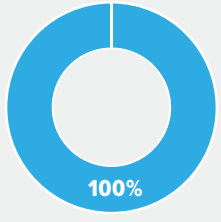
53 countries
4 region

HIGHLIGHTS

- Guidance on developing and updating national deployment and vaccination plans for influenza and other respiratory viruses has been updated to incorporate lessons learned from the country planning and deployment of COVID-19 vaccines. The new guidance is a result of a multi-step engagement effort including public comment session and is now undergoing final publication clearance with expected publication in Q4 of 2023.
- The existing simulation table-top-game known as PIPDeploy has been updated with new scenarios, injects and related game materials incorporating COVID-19 lessons learned and technological advancements, aligning with the evolution of approaches to pandemic preparedness.
- Leveraging provisions from the new guidance, WHO supported 53 countries in four regions to develop and transform their national deployment and vaccination plan (NDVP) for pandemic influenza and other respiratory viruses. In addition to regional workshops, national level workshops took place in the Region for the Americas, with Bolivia and Suriname utilizing PIPDeploy, to review and analyze their NDVPs, as well as to serve as a tool to analyze the COVID-19 national experience and integrate the lessons learned into the new plans.

DELIVERABLE C

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



$0K
IMPLEMENTED

MILESTONES

7 Training, mission, visit & other type of technical support provided

7 countries
3 regions

HIGHLIGHTS

- In January-June 2023, WHO participated in two additional missions in two regions supporting two countries with the aim of sustaining vaccine production. The missions allowed for the review of vaccine production status, including for influenza vaccines, among the government and manufacturer, and opportunities and challenges for sustainable production, including for future mRNA vaccines.
- WHO is developing a policy brief that outlines the key components of a robust national influenza vaccination policy and highlights useful resources to support countries develop or expand their influenza vaccination programmes. The strengthening of seasonal influenza vaccination programmes and vaccine production ecosystem provides a critical foundation for strengthening pandemic influenza preparedness.

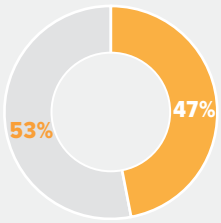
Influenza pandemic preparedness planning

BIENNIAL BUDGET: **$2.3M** | IMPLEMENTED: **$1.1M**

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

DELIVERABLE A

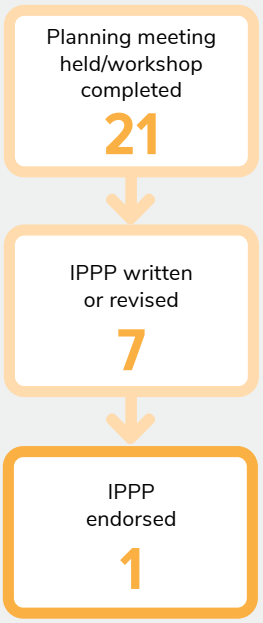
Countries are supported to develop, test and update their pandemic influenza preparedness plan



$1.1M
IMPLEMENTED

MILESTONE

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



7 IPPP exercises completed in → **6** countries, **4** region

HIGHLIGHTS

- Of the 65 IPPP PC recipient countries in the 2022-23 biennium, 16 countries held multi-sectoral planning workshops to engage all needed stakeholders for updating pandemic plans, with five additional countries having written or revised their plans, and one country finalized its plan. Countries that conducted activities in 2023 focused learnings from COVID-19 to improve whole-of-society preparedness planning based on WHO's latest Preparedness and resilience for emerging threats (PRET) initiative.
- Six countries i.e. Cook Islands, Costa Rica, Lebanon, Mongolia, Niger, and Nigeria, exercised their IPPPs with four of them using a simulation exercise package developed by WHO. These exercises support the iterative improvements of pandemic plans taking into account latest context, learnings and global guidance. *Read more about Mongolia's exercise on page 18.*
- In April 2023, WHO launched PRET – Preparedness and resilience for emerging threats – a technical initiative that applies a "mode of transmission lens" to advance pandemic preparedness planning. PRET Module #1 Respiratory Pathogens provides updated guidance to prepare for a respiratory pathogen pandemic including influenza.
- The PRET launch had a global Call to Action for preparedness for future respiratory pathogen pandemics under PRET. It brought together >120 stakeholders from around the world to galvanize political recognition, to engage different sectors and to trigger updates of national respiratory pathogen plans. WHO projects that by the end of 2023, over 100 countries (PC and non-PC countries) will have started to update their plans based on the PRET guidance.

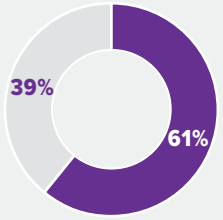
PIP Framework Secretariat

BIENNIAL BUDGET: **$5.9M** | IMPLEMENTED: **$2.8M**

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



$1M
IMPLEMENTED

MILESTONES

20 Meetings held and reports submitted to WHO DG 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

1	0	2
Early scoping/ Under discussion	In process (draft reports)	Final & published

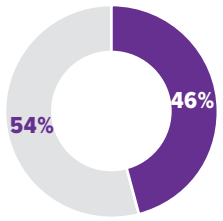
18 Advocacy materials/events completed to promote the PIP Framework to stakeholders

HIGHLIGHTS

- The Secretariat worked with the four industry associations to develop a simulation exercise to determine the impact on individual companies' payments of a revised Partnership Contribution (PC) Formula and/or a PC level adjusted for inflation. The Secretariat will collect the data necessary to conduct the simulation with a view to presenting the results of the simulation to the AG in October. EB 152 Decision: the Executive Board, in January 2023, approved the decision to maintain the current proportional division of the PC funds (70% for preparedness, 30% for response) through 2030.

DELIVERABLE B

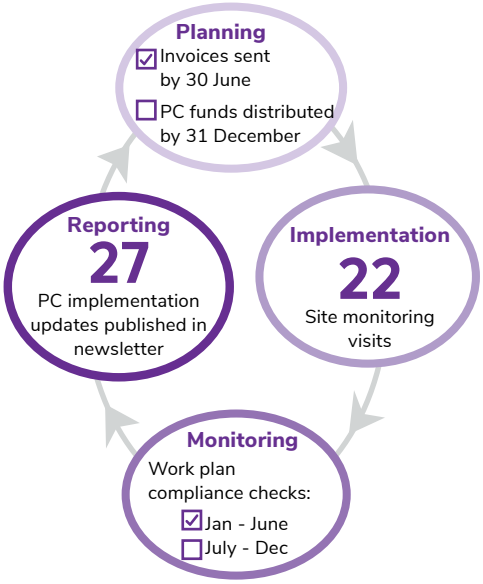
Collect, implement, monitor, and report on the Partnership Contribution



$1.4M
IMPLEMENTED

MILESTONES

Status in annual project management cycle

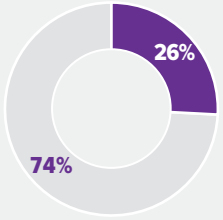


HIGHLIGHTS

- PC invoices were issued to 39 manufacturers in June 2023.
- PIP PC 18 monthly compliance checks conducted; non-compliance issues were sent to implementing units for action.
- Twenty-two monitoring visits (in-person & virtual) with five regions were conducted to discuss progress achieved, sustaining HLIP II, and preparing for HLIP III, implementation.
- The High-Level Implementation Plan III (HLIP III) was published in April 2023. It has four outputs: 1) policies and plans; 2) collaborative surveillance, 3) community protection; and 4) access to countermeasures.
- In April 2023, the first-ever global PIP PC meeting was held at WHO HQ with all PIP focal points, to discuss the changing pandemic preparedness and response global landscape, implementation of HLIP III and 2024-25 workplans, and share experiences and challenges in capacity building.
- HLIP III biennial workplan development (2024-25) began in March 2023, with numerous reviews and consultations to ensure coordination with other influenza partners and coherence at the country, regional and global levels.
- Consultation with the Partnership Contribution Independent Expert Technical Mechanism on HLIP III work plans is planned for October 2023.

DELIVERABLE C

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



$342K
IMPLEMENTED

MILESTONES

Number of SMTA2s in negotiation

2	0	1
With manufacturers of vaccines and/ or antivirals	With manufacturers of other pandemic related products	With academic & research institutions

HIGHLIGHTS

- The PIP Secretariat reached agreement on the supply commitments under a new SMTA2 with a vaccine manufacturer. This agreement is expected to be concluded in late 2023.
- An SMTA2-like agreement is under negotiation with an influenza antiviral manufacturer, for a voluntary advance supply agreement.

Photo credit: © WHO / Jonathan Perugia

Stories from the field

More influenza newsletter stories can be found on WHO News

Mongolia reviews lessons learned to be better prepared for the next pandemic

Over the past ten years, Mongolia has made strides in strengthening its pandemic preparedness systems and plans. After the response to the COVID-19 pandemic, Mongolia identified further areas for improvement.

In April 2023, with support from the PIP Framework Partnership Contribution, Mongolia conducted a three-day multi-sectoral workshop and simulation exercise.

The implementation of the Asia Pacific Strategy for Emerging Infectious Diseases and Public Health Emergencies (APSED III) culminated in the revision of their pandemic influenza preparedness plan and the conduct of a simulation exercise (Exercise PanStop) in 2018. The exercise was to test and validate, in particular, its coordination structures and the procedures for a rapid containment operation.

Four years later, to learn from their COVID-19 experience and the rapidly changing global landscape for pandemic preparedness and response, Mongolia conducted a review and ran another table-top simulation exercise. Representatives from health, emergency management, education, risk communications and customs were brought together for the exercise.

Review, plans and a simulation exercise

Post-COVID-19 lessons learned was a key theme of the initial meeting, in particular, how to improve a future response, and what the country's 'pandemic preparedness wish-list' was for priority areas and functions needing to be strengthened. This was followed by a table-top simulation exercise to test the country's multi-sectoral coordination, risk communications and community engagement, and the triggers for operational decision making.

The exercise simulated an avian influenza outbreak. It highlighted the need to take a mode-of-transmission approach to pandemic planning to be efficient and leverage existing capacities across health and other sector programmes. This is in line with the Preparedness and Resilience for Emerging Threats (PRET) Module 1: Planning for pathogen pandemics. The exercise reinforced the need for clear roles and responsibilities across different stages of a pandemic, and familiarity with the pandemic plan was critical for an effective response. Furthermore, training on health journalism was identified as an essential step in order to strengthen management of mis- and disinformation.

Multiple debriefing sessions were held including a 'hotwash' to identify immediate recommendations from the exercise, a more comprehensive debrief highlighting next steps, responsible agencies and risks to implementation, and a strategic debrief with the Ministry of Health to ensure continued advocacy and support for pandemic preparedness.

Continued commitment

This workshop and exercise provided participants with a unique opportunity to look back at pandemic influenza preparedness efforts prior to the COVID-19 pandemic and the national response to the pandemic in order to further strengthen preparedness. It demonstrates Mongolia's continued commitment to being better prepared for the next pandemic.

Simulation exercise for pandemic preparedness, Mongolia. Image credit: WHO/Mongolia

Bolivia conducts a simulation exercise to strengthen the National Deployment and Vaccination Plan for influenza and other respiratory viruses

As part of a series of twelve workshops to identify lessons learned from COVID-19 and to develop a pandemic preparedness plan for influenza and other respiratory viruses (ORVs), a simulation exercise in Bolivia was carried out using a board game to strengthen the deployment of pandemic products.

Recognizing existing national capacities for the prevention and response to epidemics and pandemics while reflecting on recent COVID-19 experiences provides insights on how countries can further strengthen pandemic preparedness and response capacities. In particular, resilient health systems can rapidly enact prevention and control measures and minimize the impact of outbreaks on the population.

For Bolivia, a series of twelve workshops have been conducted since 2022 by the Vice Ministry of Promotion, Epidemiology and Traditional Medicine – all aimed at identifying lessons learned from COVID-19 and incorporating them into their pandemic preparedness plans. With support from the PIP Partnership Contribution, the workshop conducted in March 2023 in La Paz involved a simulation exercise in the form of a specialized board game – a unique and innovative approach to testing key response operations – aimed at reviewing and analyzing their National Deployment and Vaccination Plan. This exercise had participation from multiple sectors and disciplines, and was conducted in line with recently revised WHO Guidance on the Development and Implementation of a National Deployment and Vaccination Plan.

The exercise represented a fictitious country tackling an influenza pandemic. Through different missions and scenarios, players were invited to support the country and give solutions to best address challenges on pandemic influenza deployment planning and activities. It also walked the players through the main chapters of a national deployment and vaccination plan - increasing participants' awareness and capabilities in developing and revising such plans.

The exercise facilitated:

1. The identification of gaps in existing capacities;

2. A deeper understanding of potentially why those gaps exist; and

3. The ongoing development of a roadmap, action plan and strategies to strengthen the National Influenza and Other Respiratory Virus Pandemic Preparedness and Response Plan and National Deployment and Vaccination Plan.

Overall, this game facilitated the strengthening of routine immunization activities in the country and highlighted the importance and improved understanding of multisectoral, multidisciplinary, and multilevel work for seasonal influenza and for adequate preparation and response to pandemics caused by influenza and ORV. As one participant noted, "the dynamics allowed us to delve into the existing gaps, and explore options for improvement".

Simulation exercise in the form of a specialized board game, La Paz, Bolivia. Image credit: WHO/Bolivia

Bringing training to life: new risk communication and community engagement school and simulation exercises

To ensure that countries in Europe are better prepared for future emergencies, a five-day capacity building programme was conducted involving the WHO Regional Office for Europe's Risk Communication and Community Engagement (RCCE) school and a full-scale simulation exercise (SimEx).

The exercise was organised by the WHO Regional Office for Europe (EURO), together with the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Türkiye.

Partially supported through the PIP Framework Partnership Contribution, the capacity building package used a ten-step approach based on the latest experiences from the COVID-19 pandemic and a full-scale field exercise. Countries benefited from being able to develop a multi-hazard RCCE plan, which can also support influenza preparedness.

Risk communication planning

The event was attended by 45 communication specialists from regional health ministries, the Turkish Red Crescent and WHO Country Offices. EURO provided experts from fields such as media, risk communication, infodemic management, and community engagement to guide participants through the ten step approach.

To facilitate planning, participants were introduced to the new RCCE Capacity Building Platform, which will be fully released in 2023. The platform utilizes interactive tools and an extensive library of supporting materials to create strategic and tactical emergency communication plans. Key training components include identifying stakeholders, creating key messages, and monitoring implementation of emergency plans.

Mikhail Okoliyski from the WHO Country Office in Bulgaria shared: "During the five days we learned a lot about strategic development of risk communication plans under the guidance of experienced supervisors. I enjoyed the human and professional cohesion in our team and am proud of our joint efforts to draft targeted messages to journalists, representatives of local and religious communities and local authorities."

A full-scale emergency simulation

After the participants completed their activities in the training room, a full-scale simulation exercise (SimEx) began. Participants were made to sleep in tents in a fictional city undergoing a fast-moving emergency - both applying their new skills and experiencing the challenges of a real emergency.

The fictional city was equipped with a marketplace, a religious building, and a media zone, and was populated by actors playing concerned, and in some cases angry, citizens, religious leaders, and inquisitive journalists.

This world was created to test participants' knowledge of emergency risk communication procedures, as well as their flexibility, personal communication skills and cultural sensitivity.

"It was a wonderful experience for me. I usually attend this kind of training and get the theoretical background, but never had the chance to implement what I learned right on the spot," says Mahir Boydak, a participant from the Turkish Red Crescent.

Next steps

Later this year, WHO will release the RCCE Capacity Building Platform, and will organize a series of workshops to support Member State capacity-building efforts to implement RCCE approaches.

Image credit: WHO/ Christopher Black

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