

Management Response

| Evaluation Title | Independent External Evaluation of: The Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| | High-level Implementation Plan 2018-2023 (HLIP II) | | | | | | |
| Commissioning Unit | HQ/WHE/EPP/PIP | | | | | | |
| Link to the evaluation | HLIP II 2018-2023 Evaluation Report | | | | | | |
| Evaluation Plan | Organization-wide Evaluation Workplan for 2022-2023 | | | | | | |
| Unit Responsible for providing the | HQ/WHE/EPP/PIP | | | | | | |
| management response | | | | | | | |

Overall Management Response:

WHO welcomes and accepts the *Independent External Evaluation of: The Pandemic Influenza Preparedness Framework Partnership Contribution High Level Implementation Plan 2018-2023 (HLIP II).* WHO is pleased with the overall finding that "the PIP mechanism is functioning effectively, with the HLIP II having underpinned progress on pandemic influenza preparedness during a challenging global context" and that "significant progress has been achieved across the six key output areas, with PIP also upholding broader public health objectives and, notably, providing key support to pandemic preparedness that in turn helped countries to better respond to COVID-19." The evaluation further underscored HLIP II's relevance to stakeholder needs and coherence with other public health initiatives.

Key achievements highlighted in the report include:

- strengthened capacities across all key areas of work including laboratory and surveillance, burden of disease, risk communications and community engagement, and pandemic preparedness planning
- efficient use of resources demonstrating good value for money
- consistent timely disbursement of funds due to effective project management that includes detailed planning and priority setting for each country receiving funding, well developed systems and information sharing, and careful monitoring against plans
- improved COVID-19 response due to preparedness built through the use of PIP PC funds

WHO recognizes that there were also several constraints identified, such as insufficient resources compared to actual needs, high attrition and turnover resulting in a need for continued and consistent support, and the lower prioritization of pandemic influenza preparedness in the context of other more immediate threats. WHO is fully aware of these constraints and aims to ensure that the PIP PC funds are leveraged in order to identify other sources of funding, that the required capacity building is provided, and that continuous efforts be made to advocate for pandemic influenza preparedness in light of the significant threat it poses to global health security.

WHO acknowledges the six (6) recommended actions contained in the evaluation, to further strengthen the implementation of the PIP PC funds. Each recommendation and WHO's response is detailed below. The implementation of the key actions in response to each recommendation will be used to strengthen the ongoing implementation under HLIP III, subject to available technical and financial resources. WHO is encouraged by the positive findings and is committed building on the progress made as it addresses these recommendations. The six (6) recommendations, and WHO's actions to tackle them, are summarized below, and addressed in greater detail in the rest of this document:



Recommendation 1: Sustainability. WHO will develop a context-specific, evidence-based approach to sustainability, and a transition plan to self-financing, guided by and in close collaboration with relevant Ministry of Health and regional and country teams.

Recommendation 2: Integration. WHO will continue to share information on the relevance of PIP to broader pandemic preparedness, and conduct awareness raising events at country level, in collaboration with relevant teams across the three levels of the Organization.

Recommendation 3: Reporting. WHO regularly provides information about the availability of progress reports which contain data against implementation indicators and milestones. Stakeholder consultations were conducted during development of PIP PC High-Level Implementation Plan III (2024-2030); the outcomes of those consultations continue to enhance understanding of the M&E Framework.

Recommendation 4: Operations. WHO will design and distribute a survey to assess digital training needs, identify gaps, and identify existing digital training, in collaboration with relevant teams across the three levels of the Organization and the WHO Academy.

Recommendation 5: Value for Money. WHO enhanced the design of progress reports to better demonstrate the link between financial implementation and progress. WHO will publish case studies to highlight the value for money of PIP PC funds, in collaboration with relevant teams across the three levels of the Organization.

Recommendation 6: Funding allocation. WHO conducts periodic reviews of allocation outcomes to identify areas for improvement and optimize resource distribution. WHO will continue to provide transparency in in this process.

| Management Response Status | In progress |
|----------------------------|-------------|
| Date | July 2025 |

Recommendations and Action Plan

Evaluation Recommendation 1: Sustainability

Begin anew the discussions on sustainability that were paused during the COVID-19 pandemic and consider what can realistically be done within the PIP Framework mandate.

- Work with countries to identify 'low hanging fruit' that can be financed with government funds and support the Ministry of Health in securing funding for these.
- Explore the feasibility of including a commitment from governments to provide incremental support for influenza pandemic preparedness.
- Work with WHO Regional and Country Offices to develop a shared approach to, and definition of, "sustainability." This would help to provide a clear vision of objectives, timelines and selection criteria for graduating countries.

Management response

Accepted. Management accepts this recommendation. The COVID-19 pandemic delayed progress, but WHO is committed to resuming discussions on sustainability. As mentioned in the recommendation, it is imperative to first define what sustainability means in the context of influenza pandemic preparedness. While ensuring that countries can financially sustain the gains made and continue to invest in pandemic influenza preparedness, it is equally important to maintain the sustainability of influenza programs and gains achieved. Activities such as surveillance are vital to global health security, and countries in resource-constrained or emergency settings rely heavily on external funding to continue this work in an uninterrupted manner. Therefore, this must be considered when reviewing sustainability and formulating a context-specific, evidence-based approach. WHO will review



| Status | sustainability approaches taken both internally as well as by other relevant agencies to learn and apply the best methodologies, and collaborate with its public health partners to develop a realistic, pragmatic, and feasible approach. Key to this process is the participation of beneficiary governments for progressively reducing their reliance on PIP PC funds over time. As outlined in the Global Influenza Strategy 2019-2030, establishing links between influenza prevention, control and preparedness with national health security planning can establish political commitment and leverage key resources to support sustainability. Not initiated | | | | | |
|--|--|--|-------------------|---|--|--|
| Key actions | Responsible | Timeline | Status | Comments | | |
| Work with WHO Regional and Country Offices to develop a shared approach to, and definition of, "sustainability." This would help to provide a clear vision of objectives, timelines and selection criteria for graduating countries. | PIP Secretariat, regional and country teams | 31 Dec 2026 | In planning stage | Collaborate with WHO regional and country offices to develop a context-specific, evidence-based approach to sustainability. This will involve building an evidence base to understand how others have addressed sustainability and creating a strategic plan that defines sustainability, sets objectives, establishes timelines, and outlines criteria for various contexts based on evidence. | | |
| Work with countries to identify 'low hanging fruit' that can be financed with government funds and support the Ministry of Health in securing funding for these. Explore the feasibility of including a commitment from governments to provide incremental support for influenza pandemic preparedness. | Regional and country teams | Upon establishment of shared approach | Not initiated | The PIP Secretariat, regional and country teams will discuss sustainability informally with countries to identify "low hanging fruit". Collaborate with the Ministry of Health in countries that meet the established criteria to develop a transition plan from PIP PC funds to self-financing. | | |

Evaluation Recommendation 2: Integration

Build on the awareness of the importance of pandemic preparedness generated by the COVID-19 pandemic to advocate for countries to view influenza pandemic preparedness in terms of how it prepares countries for potential pandemics in a broader sense.

• Compile and share data to demonstrate how strengthening country preparedness for influenza pandemic relates to broader pandemic preparedness.

Management response Accepted. Management accepts this recommendation which is fully in line with existing and ongoing efforts. Strengthening pandemic influenza preparedness is the core focus of the PIP Framework, and it is acknowledged that PC funds are contributing to the broader ability of countries to respond to a future respiratory outbreak, epidemic or pandemic. As noted in the findings of this evaluation, this was well evidenced by the use of capacities built for influenza but adapted for use during the COVID-19 pandemic.



| Status | In acknowledgement of this, the PIP PC High-Level Implementation Plan III (2024-2030) was aligned with WHO's <i>Strengthening the global architecture for health emergency prevention, preparedness, response and resilience</i> and its five core health emergency components that underpin effective responses to all health emergencies including an influenza pandemic. WHO consistently shares information in newsletter stories and progress reports. Management will consider other methods to further build awareness. In progress | | | |
|---|---|--------------|-------------|--|
| Key actions | Responsible | Timeline | Status | Comments |
| Compile and share data to demonstrate how strengthening country preparedness for influenza pandemic relates to broader pandemic preparedness. | PIP Secretariat, HQ, regional and country teams | Ongoing | In progress | Share information on the relevance of PIP to broader pandemic preparedness. Quarterly newsletter stories outlining real-world examples and demonstrating how PIP funded activities have enhanced pandemic preparedness in specific countries or regions will continue to be written and published. Six-monthly PIP progress reports and other relevant organizational reports will continue to highlight the broader impact of pandemic influenza preparedness. Other measures may include, designing targeted communication materials for different audiences (e.g. policy makers, CSO, health professional, donors) to ensure that the relevance of PIP is clearly articulated for each group; explore the possibility of partnering with relevant organizations to amplify the message and integrate PIP's relevance into broader health security narratives. |
| | PIP Secretariat, HQ, regional and country teams | Ongoing | In progress | Conduct awareness raising events through webinars and other modalities. Such events could include EPI-WIN webinars, WHO Regional Committee meetings, direct communications and meeting with Ministry of Health personnel. |
| | PIP Secretariat | 30 June 2026 | In progress | Publish quantitative data-based results demonstrating the broader impact in peer-reviewed publications. A journal publication covering the period 2014-2023 is in development, to highlight the impact of PIP on COVID response. Future journal publications may also be considered. |



Evaluation Recommendation 3: Reporting

Further improve stakeholders' understanding (particularly Member States and industry) of the monitoring and evaluation (M&E) Framework and reporting systems alongside the role of milestones and indicators in measuring progress towards outcomes over time.

- Re-emphasise availability of data through PIP reporting mechanisms such as annual and biennial progress reports and the WHO Budget Portal, as these provide detail which some stakeholders felt was not readily available
- Further highlight correlation between activities and funding to promote stakeholder understanding of the role of milestones in measuring progress towards outcomes over time

| Management response | Accepted. Management accepts this recommendation and agrees that stakeholders' understanding of the M&E Framework can be | | | | | |
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| | enhanced. This recommendation has already been addressed through various interventions: | | | | | |
| | 1) During the development of the PIP PC High-Level Implementation Plan III (2024-2030) stakeholders were consulted | | | | | |
| | through | nout the process | and their commer | nts on both the results hierarchy and draft indicators were considered. | | |
| | _ | • | | tanding of the M&E Framework by publishing a separate handbook outlining the | | |
| | - | | | estones and indicators in measuring progress, and the details of how each | | |
| | | or and milestone | | A Progression and the design of the design o | | |
| | 11.0.100.0 | | | be available in all six WHO languages, and Portuguese, thereby broadening the | | |
| | | | | ne M&E Framework more understandable to a broader audience. | | |
| | | - | _ | provide detailed understanding of the M&E Framework through participation in | | |
| | 1 | • | | provide detailed understanding of the M&L Framework through participation in | | |
| | annual regional PIP meetings. | | | | | |
| | | ia be further dev | eloped and shared | d broadly to enhance understanding of the M&E Framework. | | |
| Status | In Progress | T | 1 | | | |
| Key actions | Responsible | Timeline | Status | Comments | | |
| Re-emphasise availability of data | PIP Secretariat | Complete | Complete | Involve stakeholders in the development of the HLIP III results hierarchy and | | |
| through PIP reporting mechanisms such | | | | indicators. Stakeholders were sent the draft results hierarchy and the full | | |
| as annual and biennial progress reports | | | | draft of the HLIP III publication for their comment and feedback. The | | |
| | | | | stakeholders were provided with detailed feedback on their comments. | | |
| and the WHO Budget Portal, as these | PIP Secretariat Ongoing In progress Regularly provide information about the availability of progress reports | | | | | |
| provide detail which some stakeholders | | | | which contain data against implementation indicators and milestones. | | |
| felt was not readily available. | PIP Secretariat | 31 Dec 2025 | In progress | Make the HLIP III and M&E publication available in six WHO languages and | | |
| | | | | Portuguese and actively promote them through WHO Regional and country | | |
| Further highlight correlation between | | | | offices to maximise reach. This has been completed for HLIP III and all | | |
| activities and funding to promote | | | | translated versions are available online. Translations are in development for | | |
| stakeholder understanding of the role | | | | the M&E Framework and will be available online in 2025. | | |



| of milestones in measuring progress towards outcomes over time. | PIP Secretariat, regional and country teams | Ongoing | In progress | Inform stakeholders and country counterparts of data available through existing reporting mechanisms. This should be completed as part of the planning process for the next biennium and in regular communications with stakeholders and counterparts. |
|---|--|-------------|-------------|--|
| | PIP Secretariat | 31 Dec 2025 | In progress | Create a fact sheet using visuals elements (charts, graphs or infographics) to to briefly summarize the content of the M&E Framework in an engaging way, including the results hierarchy, the role of milestones and indicators, where data and progress is reported and can be found, and the correlation between planned activities and milestones and indicators. This could be translated and shared with stakeholders to enhance understanding. |

Evaluation Recommendation 4: Operations

Improve access to and awareness of digital training tools:

- In close collaboration with technical leads in WHO, share information with beneficiaries, particularly at country level, on the online digital training tools for influenza pandemic preparedness that are available.
- Conduct a training needs assessment to identify gaps between the content/focus of available tools and needs at country and regional level; encourage the development of on-line digital training tools to fill the gaps identified.

| Management response | tool for country digital trainings of existing digital capacity of coun communications that could be ad fill a critical gap, plan to promote | stakeholders, par are not necessari I tools along with try-level stakehol that will enable apted to differen address the impa , adapt, or develo | ticularly given staff by a substitute for he the potential deve ders. WHO will idea trainings to reach a t contexts. A training act of staff turnover op existing or new de | on and agrees that online digital training resources are an effective learning turnover. Both in-person training and digital training are important, and while ands-on training, WHO acknowledges that improving access to and awareness lopment of new tools is essential to enhance pandemic influenza preparedness nifty trainings that are being under-utilized and commits to enhancing s wide an audience as possible. WHO will further identify existing digital tools ag needs assessment will aid in identifying areas in which online training could r, and be a cost-effective alternative to in-person training when appropriate. A ligital training tools will be developed in collaboration with WHO technical effective and sustainable. |
|--|--|---|--|---|
| Status | Not Initiated | | | |
| Key actions | Responsible | Timeline | Status | Comments |
| Conduct a training needs assessment to | PIP | 30 Jun 2026 | Not initiated | Design and distribute a survey to assess training needs and identify gaps. A |
| identify gaps between the | Secretariat, | | | survey will be sent to countries to get an understanding of the types of |
| content/focus of available tools and | HQ, regional | | | training they wish to see digitized. |



| needs at country and regional level; encourage the development of on-line | and country teams | | | |
|--|---|-------------|---------------|--|
| digital training tools to fill the gaps identified. In close collaboration with technical leads in WHO, share information with beneficiaries, particularly at country level, on the online digital training tools | PIP Secretariat, HQ, regional and country teams | 31 Dec 2026 | Not initiated | Identify existing digital training that potential users are unaware of and disseminate via various communication channels. Using the survey results, the PIP Secretariat will collaborate with technical teams at HQ and the regional offices to identify gaps in awareness of existing tools. Information on the tools will be disseminated via the most appropriate communication channels to ensure country-level stakeholders are able to access them as appropriate |
| for influenza pandemic preparedness that are available. | Technical Teams and WHO Academy | 31 Dec 2027 | Not initiated | Encourage technical teams to develop new or adapt existing training tools, as appropriate, and periodically review and update them to reflect new knowledge, technologies, and emerging needs. |

Evaluation Recommendation 5: Value for Money

Publicise the evidence of progress made on the 10-year objectives to a wider audience to underpin awareness of value for money of the PIP PC benefit sharing system:

- Explore ways to further highlight the correlation between implementation of PIP PC funds and technical progress.
- Highlight the collateral benefits and achievements for the COVID-19 pandemic response, that were due to pandemic influenza surveillance systems. This could include, for example, case studies that document the achievements in PIP PC countries compared with other countries.

| merate) for example) car | | | | compared with other countries. | | | | |
|--------------------------|---|--|--------|--------------------------------|--|--|--|--|
| Management response | Accepted. Mana funding is critica receives to impr | Accepted. Management accepts this recommendation and agrees that demonstrating the value for money (VFM) of the PIP PC funding is critically important. As PIP PC funds are generally limited and often constitute only a portion of the support a country receives to improve pandemic influenza preparedness, establishing a direct causal link between the use of PIP PC funds and impacan be challenging. Nevertheless, the consistent nature of these funds allows countries to continue projects without interruption, underscoring the key role these funds play in achieving results. Furthermore, as highlighted in the evaluation report, the COVID-1 response demonstrated that countries supported with PIP PC funds were better prepared. Current work is underway to publish a article in a peer-reviewed journal documenting these findings. WHO will also explore the possibility of conducting and publishing detailed case studies to showcase achievements made through the use of PIP PC funds. Additionally, WHO updated the design of the PIP Framework six-monthly progress reports, to better illustrate the link between financial implementation and progress made | | | | | | |
| | response demoi article in a peer- detailed case sti | | | | | | | |
| | against the indic | against the indicators and milestones set out in the High-Level Implementation Plan. The progress report will continue to include stories from the field featuring achievements made through the use of PIP PC funds. | | | | | | |
| Status | In Progress | | | | | | | |
| Key actions | Responsible | Timeline | Status | Comments | | | | |



| Explore ways to further highlight the correlation between implementation of PIP PC funds and technical progress. | PIP Secretariat | Complete | Complete | Update the design of the six-monthly progress reports to better demonstrate the link between financial implementation and progress. The updated version of the six-month progress report was first published in October 2024. |
|--|--|-------------|---------------|--|
| Highlight the collateral benefits and achievements for the COVID-19 pandemic response, that were due to pandemic influenza surveillance systems. This could include, for | PIP Secretariat | 30 Jun 2026 | In progress | Publish article in peer-reviewed journal on the achievements made as a result of the PIP PC funds, including the collateral benefits for the COVID-19 response. The journal article will include data from the 10 years of implementation covered by both the first and second High-Level Implementation plans, 2014-2023. |
| example, case studies that document the achievements in PIP PC countries compared with other countries. | PIP Secretariat, regional and country teams | 31 Dec 2027 | Not initiated | Conduct and publish case studies to highlight the value for money of PIP PC funds at country and regional levels. This will be undertaken as possible within the resources available. |

Evaluation Recommendation 6: Funding allocation

Make the allocation process as transparent as possible and keep it under review to ensure consistency and coherence:

- Explain to stakeholders (particularly Member States) the global and country level factors taken into consideration during the resource allocation process and the roles played by the PIP Secretariat and the respective WHO Regional Offices and Country Offices.
- Periodically review the outcomes of the allocations to identify areas where the allocations could be modified to optimise outcomes.

| Management response | Acknowledging the importance of transparency in the allocation process, WHO provided a section on the allocation of PC funds in the HLIP II text, as well as in the HLIP III text. Regular communication with regional and HQ area leads enable review and refining of allocations on a biennial basis, and throughout the biennium, as necessary. This ensures that allocations are consistent and coherent. WHO recognizes the need to enhance how information is communicated to stakeholders, and clear actions have been | | | | | | |
|---|---|----------------------|---------------|--|--|--|--|
| | | identified to do so. | | | | | |
| Status | In Progress | | | | | | |
| Key actions | Responsible Timeline Status Comments | | | | | | |
| Periodically review the outcomes of the | PIP | Ongoing | Completed for | Conduct periodic reviews of allocation outcomes to identify areas for | | | |
| allocations to identify areas where the | Secretariat | | 2026-27 | improvement and optimize resource distribution. This review is completed | | | |
| allocations could be modified to | biennium at the end of each biennium as part of the planning for the next biennium, | | | | | | |
| optimise outcomes. | | | | to ensure that allocations are updated as needed. | | | |



| Explain to stakeholders (particularly Member States) the global and country level factors taken into consideration during the resource allocation process and the roles played by the PIP Secretariat and the respective WHO Regional Offices and Country Offices. | | as part of | unterparts about the allocation process. This should be completed the planning process for the next biennium and in regular actions with counterparts. |
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