

Excerpt from *Partnership Contribution Implementation Plan 2013-2016* (pages 9-11)¹

Identification and prioritization of recommended country recipients

The PIP Framework is a multi-faceted instrument that aims to improve global pandemic influenza preparedness and response. **All countries** are called upon in one capacity or another, to cooperate in, and contribute to, the efficient, effective and sustainable achievement of the objectives of the Framework. The process to recommend countries to the Director-General for approval refers to the identification of priority, low-resourced countries, that, based on the gap analyses, are in need of direct support to improve their preparedness capacities. The Secretariat will nonetheless work actively with all countries to support and encourage their engagement in improving global pandemic preparedness.

1. *Laboratory and Surveillance (“L&S”) capacity building*

Given the significant proportion of preparedness funds that are to be allocated to L&S capacity building, a specific process was undertaken by Regional Offices to identify and prioritize potential country recipients.

a) The work to develop Regional lists of recommended countries to receive PIP PC funds for L&S began with a technical assessment of capacities to identify global and regional gaps for influenza specific laboratory and surveillance capacity strengthening. The technical assessment was based on the factors identified by the Advisory Group (see Methodology, paragraph 1, above). Data were entered into a global database and used to group countries by level of capacity and need.

b) WHO regional offices further refined their country prioritizations with additional elements including:

- Political situation of countries in the region, notably whether a country is in a complex emergency
- On-going donor funding and investments in a country
- Absorptive capacity of a country
- Country population size
- Geographical location of a country in the region/subregion (notably for island states)
- Interest of a country/Ministry of Health to work in influenza
- Ability of countries to build on existing capacities to produce influenza surveillance data which could be shared with neighbouring countries.

c) Regional Offices recommended countries in their region, in priority order and with a rationale, that could receive PC resources to:

1. Strengthen capacities to detect influenza outbreaks
2. Strengthen capacities to monitor influenza outbreaks
3. Strengthen capacities to produce and share information on influenza and participate in and contribute to GISRS

d) The recommended country lists were shared with and reviewed by the Advisory Group that noted the following in its Report to the Director-General:

To avoid the risk of perceived conflict of interest in selection of countries, the Advisory Group wished to clearly articulate the process to develop the draft Regional Office Recommended Country Recipients document. The following was noted:

- *The role of the Advisory Group was limited to providing criteria for country selection:*
 - *Country development status;*

¹ http://www.who.int/influenza/pip/pip_pcmppplan_update_31jan2015.pdf?ua=1

- IHR core capacities;
- Country needs for influenza epidemiological and laboratory surveillance; and
- H5N1 vulnerability.
- In their review of the list, the Advisory Group:
 - Noted the work of selection which has been made among the numerous possible recipients by the WHO Regional Offices for this first phase of the Implementation Plan and acknowledged the need for supporting rationales.
 - Noted the importance of providing PC resources to countries that need basic capacities as well as to countries that have existing capacities but where additional support can serve as a regional resource to other countries.

2. Burden of Disease Studies

Regions were requested to identify countries where studies could be conducted or scaled up, and to provide a rationale for their recommendations. To support this process, Regions were provided with a map of Member States with burden of disease information on influenza and of Member States in the GAP technology transfer project.

3. Preparedness for response

a) Regulatory Capacity Building

In consultation with Regional Offices, the cluster of Health Systems and Innovations, Department of Essential Medicines and Health Products took the lead to develop the implementation plan for Regulatory Capacity Building.

A gap analysis was developed based on findings from a recent global meeting on national regulatory capacity strengthening²¹ and countries in need were prioritized using the following factors:

- Population and economic development status;
- On-going regulatory capacity building efforts in vaccines, antivirals and/or diagnostics;
- Existing National Regulatory Authority (NRA) Institutional Development Plans (IDP) in the databases of the WHO Regulatory Systems Strengthening (RSS) Programme;
- Interest to donors i.e. Global Alliance for Vaccine and Immunization (GAVI) graduating and eligible countries;
- Countries without licensed pre-qualified vaccines, with local production not existing; and with production capacity not existing;
- Countries with existing national control laboratories;
- Countries with newly introduced or with the plan to introduce new vaccines (as of 2012);
- Regulatory history during the 2009 H1N1 pandemic related WHO Deployment Initiative; and,
- GAP countries.

b) Risk Communications

The Director-General's Communications Office, in close collaboration with communication focal points in Regional offices, led the development of the implementation plan for this area. Lists of priority countries were identified using data in the 2012 Report by the Director-General on implementation of the International Health Regulations (2005)²² as well as additional factors which included:

Primary factors

- Countries with low capacity or for which there was no information on capacity for IHR implementation
- Commitment and requests from Ministries of Health

- Countries at significant risk of disease outbreaks and other public health emergencies
- Countries where other IHR capacity building work is already being carried out, with the aim of building synergies, cost-effectiveness, and/or achieving stronger results.

Secondary factors

- Assessment of the country's ability to sustain capacities
- Regional representation
- Ability to build in-country collaboration – bringing partners together
- Countries with unstable public health/political/ social infrastructure, but which are able to absorb risk communications support
- Countries with varying levels of capacity required under the IHR (e.g. surveillance, laboratory, points of entry, etc.)
- Countries with a recent event of poor transparency

c) Planning for deployment

This activity applies to all countries