Pandemic Influenza Preparedness Framework

Annual progress report

1 January – 31 December 2024

2024 | 6 | 12 | 18 | 24 | 2025

PIP FRAMEWORK

World Health Organization

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Design by Lushomo

A young girl wears a face mask in a middle class household of north Delhi, India. © WHO / Tom Pietrasik

Contents

Abbreviations

APHSAF	Asia Pacific Health Security Action Framework
BOD	Burden of Disease
CVV	Candidate Vaccine Virus
EPI-WIN	WHO Information Network for Epidemics
EQAP	External Quality Assessment Programme
GISRS	Global Influenza Surveillance and Response System
HLIP	high-level implementation plan
ICFS	Interim Certified Financial Statement
IM	infodemic management
ISST	Infectious Substances Shipping Training
MCM	medical countermeasures
NDVP	national deployment and vaccination plan
NIC	National Influenza Centre
PC	Partnership Contribution
PIC	Pacific Island Countries
PIP	Pandemic Influenza Preparedness
PISA	Pandemic Influenza Severity Assessment
PRET	Preparedness and resilience for emerging threats
PSC	Programme Support Costs
RCCE	risk communication and community engagement
SARInet	Severe Acute Respiratory Infections network
SMTA2	Standard Material Transfer Agreement 2
TIPRA	Tool for Influenza Pandemic Risk Assessment
UNICEF	United Nations International Children's Emergency Fund
VCM	Vaccine Composition Meeting
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 Member States 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 four outputs under one outcome in the *High-Level Implementation Plan (HLIP) III 2024-2030 (1)*.

The technical and financial investments and technical support of Member States 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 Member States and partners for their important role and contributions. The progress made and successes achieved are a result of joint collaboration on common objectives. The PIP PC funding model is described in *HLIP III*, Section 3.

A progress report is published four times a biennium to illustrate progress in PIP Framework implementation, and covers technical and financial implementation for HLIP III, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. The term “technical assistance” used in milestones refers to trainings, workshops or missions. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2024, unless specified otherwise. Member States supported by HLIP III for 2024 to 2025 can be found in Annex 1.

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). All financial values presented in $ refer to US dollars.

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 PIP PC website *(2)*.

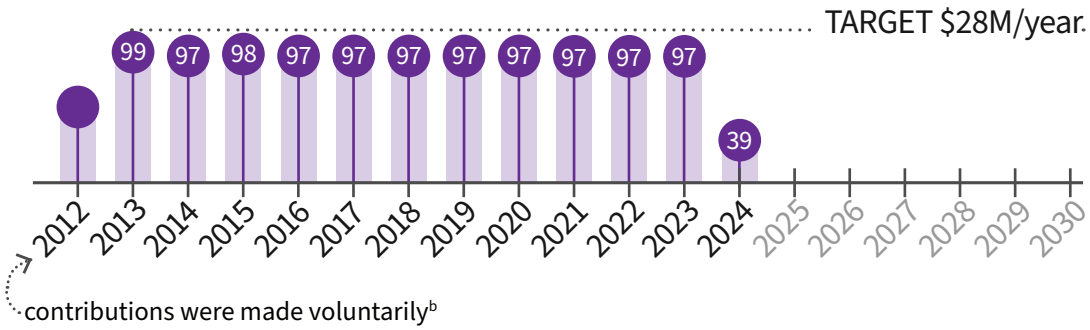
An elderly man receives a dose of the flu vaccine at the Nijnaya Serafimovka Center for the Elderly and Disabled in Chuy Oblast, Kyrgyzstan on 25 November 2022. © WHO / Arete / Maxime Fossat

PIP Framework implementation overview

How much has been collected under the PIP Partnership Contribution (PC)?

$329.5M[a]

Percentage (%) of total Partner Contributions received

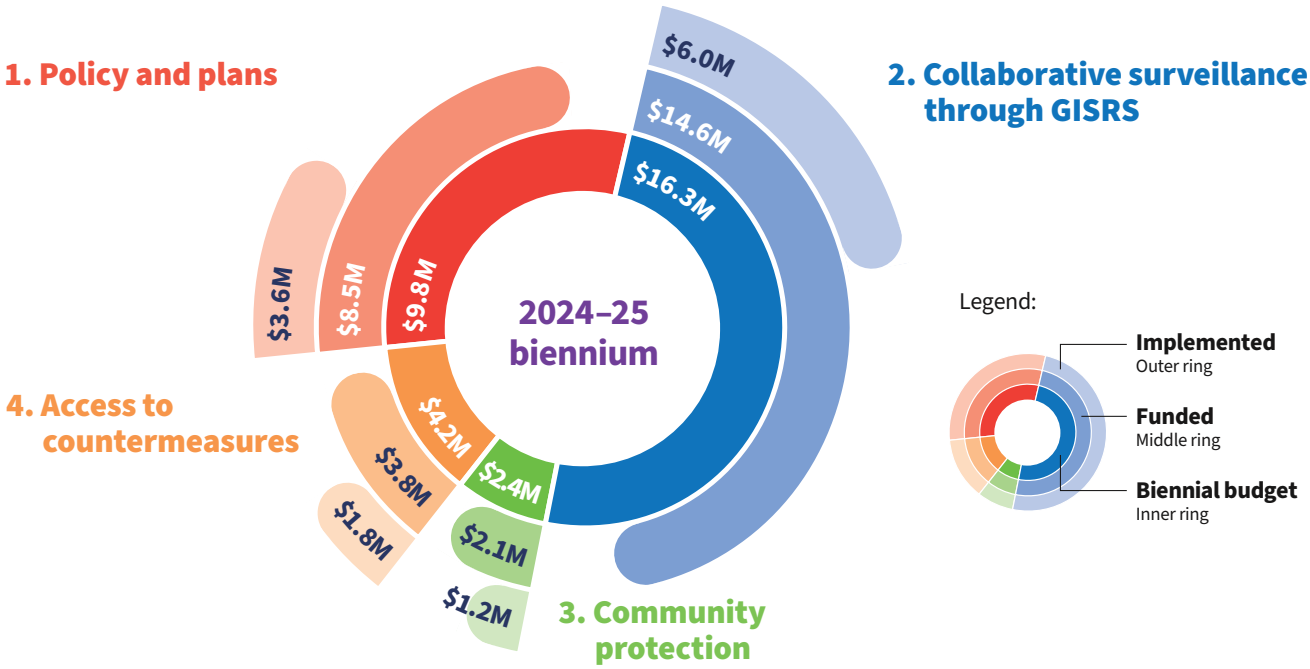


contributions were made voluntarily[b]

How are funds being implemented in 2024–25?

Preparedness

Total Budget **$32.8M**	Total Funded **$29M**	Total Implemented **$12.5M**



PIP Secretariat

Response

Response funds collected	**$89M**
Interest earned on response funds	**$13.4M**

a Figure includes PSC. PC collection for all unpaid contributions and 2025 invoices is in process. The figure does not include interest earned on Response Funds of $13.4 million in 2018–2024.

b For further details on PC collection process, please refer to Pandemic Influenza Preparedness Framework: Distribution of Partnership Contribution among companies *(3)*.

How is the PIP Framework ensuring equitable access to future pandemic influenza products?

1 Sharing of biological materials[c]

PIP biological materials shared in Influenza Virus Traceability Mechanism

From 1 January to 31 December 2024

104

Virus subtypes recorded:
H1N1v, H1N2v, H3N8, H5N1, H5N6, H9N2, H10N3, H10N5, H3N2v, H5, H5N2

Total since 1 December 2012

1619

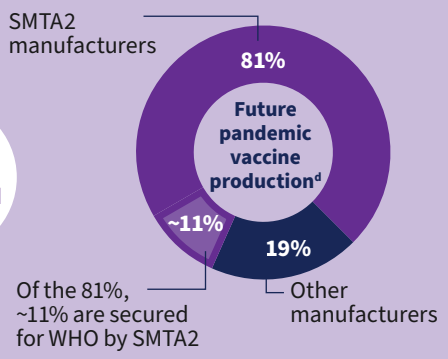
2 Standard Material Transfer Agreements (SMTA2) and other contracts

15 SMTA2 with vaccine manufacturers

15 manufacturers

- **23 production sites** in 4 WHO Regions
- **13 out of 15** have pre-licensed pandemic influenza vaccine/s
- **13 out of 15** produce seasonal influenza vaccines

900M doses[d]



2 SMTA2 with manufacturers of diagnostics and other influenza pandemic products

25M Syringes

250 000 Diagnostic kits

76 SMTA2 with academic and research institutions

29 Benefit-sharing offers from academic & research institutions

1 Other contract

Up to 5M antivirals

How is the PIP Framework governed?

The PIP Framework has robust governance and overview, with implementation overseen by the World Health Assembly with advice from the Director-General, and oversight provided through a mechanism that includes the independent, 18-member PIP Advisory Group (PIP AG) (see PIP Framework section 7).

The PIP AG met twice in 2024 in Geneva during which it received updates on implementation of the Framework. Additionally, in the March meeting, the AG finalized the revision of the Guiding Principles for use of PC funds for pandemic influenza response *(4)*, following broad consultation. The Director-General approved these, and they are available online. In the October meeting the AG continued it discussions on the work to update the Partnership Contribution level, the importance of timely receipt of PC funds, the urgency of developing an allocation framework for pandemic influenza products, and the importance of timely sharing of influenza viruses in the context of the Nagoya Protocol. Further updates on the work of the Secretariat are found in Section three of this report.

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

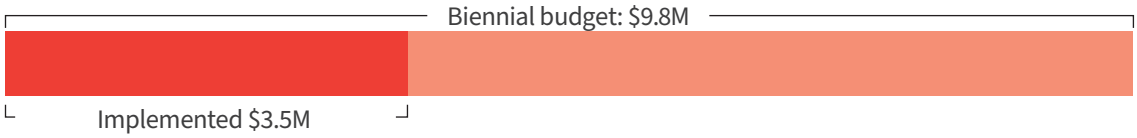
d Estimate based on the use of existing technologies – figures may vary depending on the use of newer technologies

Laboratory technician Lina Mroeh prepares respiratory samples for PCR testing for respiratory viruses on 26 July 2022 in Lebanon. © WHO / Natalie Naccache

Technical and financial implementation progress

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza



Deliverable A

Health and economic influenza burden of disease informs the development of policy

38%
Implemented on biennial budget

62%
Unimplemented on biennial budget

$865K

Milestones

9 Regional and national workshops conducted to estimate influenza disease or economic burden
43 Member States
3 Regions

Influenza disease and economic burden tools in development
1 Designed
1 **Developed**
0 Piloted
0 Finalized

Highlights

In 2023, WHO piloted a tool to estimate the **burden of influenza averted through vaccination**. Following the results of this pilot *(5)* which demonstrated how influenza vaccination programmes prevented hundreds of thousands of influenza-associated hospitalizations, the tool was further refined to estimate hospitalizations averted as well as overall illness averted. The tool accounts for year-round influenza virus circulation and adjusts for varying levels of vaccine effectiveness based on clinical severity. For instance, vaccine effectiveness might be lower in mild cases compared to hospitalized cases.

Following the initial roll-out of the **burden of disease pyramid tool** *(6)*, its analytical methodology was updated based on feedback received. Systematic reviews are being conducted to update the multiplier and more accurately estimate the burden of influenza. Additionally, further revisions are underway to incorporate more flexible age-grouping, provision of incidence rates, and analysis of data over multiple seasons.

Member States in the African Region and Region of the Americas participated in **training workshops aimed at utilizing surveillance data to estimate the burden of influenza across different clinical severity levels, and to estimate the impact of influenza vaccination on the burden of influenza**. These workshops also enabled participants to develop country-specific BOD study protocols, and effectively communicate burden results to policymakers. This information is crucial for shaping influenza control policies and crafting key messages for the public.

In the Region of the Americas, a **regional network for mortality monitoring (PAHOMoMo)** was established and piloted in 10 Member States. The aim of the network is to enable Member States to detect and estimate excess mortality during influenza and respiratory virus epidemics or pandemics so that decision makers can develop evidence-based policy.

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

Deliverable B

Influenza preparedness policies are strengthened in the context of health systems

72%

Implemented on biennial budget

28%

Unimplemented on biennial budget

$1.1M

Milestones

17 Technical assistance conducted to introduce or strengthen influenza immunization policies

60 Member States

6 Regions

Highlights

Developing and implementing seasonal influenza vaccination policies and programmes informed by the health and economic burden of influenza lays the foundation for the effective deployment of pandemic influenza vaccines, and monitoring uptake, coverage and demand in target groups. WHO recommends Member States update their seasonal influenza vaccination policy every 3-5 years *(7)*. Based on data reported to the WHO-UNICEF Joint Reporting Form on Immunization in 2024, there was a **marked increase in the number of Member States that developed or updated their influenza vaccination policies** – increasing from 11 in 2022 to 65 in 2023. This substantial increase may be due in part to WHO's 2022 update of seasonal influenza vaccination recommendations *(8)* and issuance of the 2023 policy brief guiding countries on key components of a robust national seasonal influenza vaccination policy.

WHO convened a meeting in July 2024 on **strengthening seasonal influenza vaccination policies and programmes** *(9)*. The meeting brought together WHO country office, regional, and headquarters focal points as well as partners to share experiences, challenges and initiatives on strengthening national seasonal influenza programmes. The key takeaways included establishing an implementation plan for the Global Influenza Strategy, encouraging integrated vaccination programmes, strengthening monitoring and reporting of national influenza vaccination coverage data, building and enhancing existing partnerships, and developing advocacy materials.

In December 2024, **Seasonal influenza vaccination: A global review of national policies in 194 WHO member states in 2022** was published in the peer-reviewed journal Vaccine. It highlighted that whilst the number of Member States using seasonal influenza vaccines has increased, there is still opportunity for continued strengthening of national programmes, particularly in low- and middle-income countries *(10)*. Where feasible, Member States are encouraged to co-administer influenza and SARS-CoV-2 vaccination to increase programmatic efficiency and coverage of both vaccines among recommended groups.

Ukraine marked a historic moment of cooperation between the Ministry of Health, WHO and the private sector by allowing **influenza vaccinations to be administered in pharmacies**. Regulations were updated to reflect the required training for pharmacists and to ensure that pharmacies administering vaccinations obtain a license to practice medicine *(11)*.

Output 1: Policy and plans

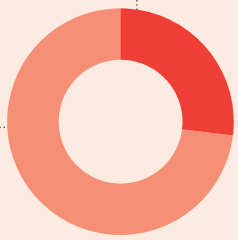
Policy and plans that result in health systems prepared for pandemic influenza

Deliverable C

Pandemic preparedness plans are developed, updated and exercised across sectors

27%
Implemented on biennial budget

73%
Unimplemented on biennial budget



$1.6M

Milestones

Member States that are in development or updated a pandemic preparedness plan inclusive of influenza
14 Preparatory workshops
38 Drafts in process
18 Drafts finalized
0 Multisectoral planning committee meetings

6 Experiences shared on strengthening respiratory pathogen preparedness
34 Member States
5 Regions

4 Simulation exercises for pandemic preparedness plans for influenza including across sectors conducted

Highlights

Using the mode of transmission approach from the Preparedness and Resilience for Emerging Threats (PRET) Module One, Member States in the African Region, Region of the Americas and Western Pacific Region participated in **fourteen regional, sub-regional and national pandemic planning workshops aimed at updating their pandemic influenza preparedness plans**. These workshops gave Member States the opportunity to build on COVID-19 lessons and take a multi-sectoral approach to developing or updating their national pandemic plans. As a result of these workshops and continued technical support, 38 Member States are in the process of drafting their plans, with 18 Member States having finalized their drafts across five regions. Continuously reviewing and updating these pandemic plans is critical for ensuring national readiness for a future influenza pandemic.

Simulation exercises are a critical tool for testing pandemic influenza preparedness plans and systems. In 2024, **four regional and national simulation exercises were conducted and included participation of 14 Member States across the African Region, Region of the Americas, South-East Asia Region, and Western Pacific Region**. These tested various aspects of Member States' pandemic preparedness plans including multi-sectoral coordination, influenza surveillance operations, national and regional information sharing and risk communications and community engagement. The experience of the first four Member States to implement Exercise PanPRET-1 – an adaptable simulation exercise package – can be found in a recent publication *(12)*.

Additionally, **the Regional Office for South-East Asia piloted Exercise PanPRET-2** *(13)* **– a multi-country tabletop simulation exercise package**. This exercise *(14)* focused on strengthening regional capacities in pandemic planning for influenza and other respiratory pathogens while also testing multi-sectoral and cross-border coordination and communication mechanisms. Participating Member States used this exercise to prompt further updates to their national plans.

Output 1: Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

Deliverable D

Policies are developed for equitable and sustained availability of pandemic influenza vaccines and other products

0%
Implemented on biennial budget

0%
Unimplemented on biennial budget

$0M

Milestones

4 Technical assistance provided to ensure sustainable influenza vaccine procurement, production and distribution[e]
46 Member States
2 Regions

0 Global policy guidance on influenza vaccine manufacturing capacity published

Highlights

Using a WHO checklist, **Member States are undergoing assessments of the sustainability of vaccine production and procurement**, aimed at facilitating the development of sustainable vaccine policy and delivery systems in a changing technological landscape. Eleven Member States across all six WHO regions have undergone a national analysis of influenza vaccine production or procurement sustainability – demonstrating a commitment to ensuring the sustained availability of pandemic influenza vaccines. Two of these assessments (Bahrain and Tunisia) occurred in 2024. In addition, Guyana and Democratic People's Republic of Korea received technical support for ensuring sustainable influenza vaccine procurement and production respectively.

In December 2024, **Advancing influenza vaccines: a review of next-generation candidates and their potential for global health impact** was published in the peer-reviewed journal Vaccine. The article concluded that universal or broad protective products are promising and warrant further investment. As most Phase 3 candidates are mRNA-based and include combination vaccines, it was recommended that consideration be given to how these new products may become integrated into the current global influenza vaccine strain selection and manufacturing ecosystems, and existing immunization programmes *(15)*.

e Two technical assistance activities were removed from the 2024 6-month progress report as they were already reported under the Output 1 Deliverable B Milestone – Technical assistance for introducing or strengthening influenza immunization policies.

Output 1: Policy and plans

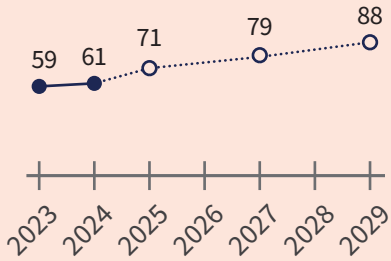
Policy and plans that result in health systems prepared for pandemic influenza

Indicators

Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

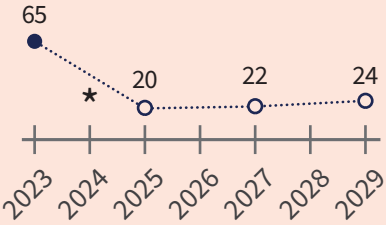
1.1 Number of Member States with published disease burden estimates based on data collected since 2011

Cumulative report



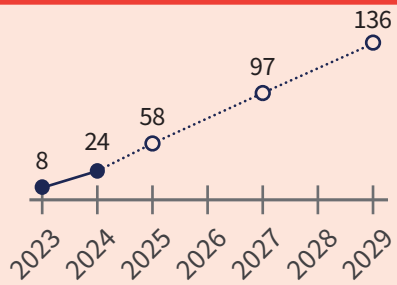
1.2 Number of Member States that developed or updated an influenza vaccination policy

Annual status report[f]



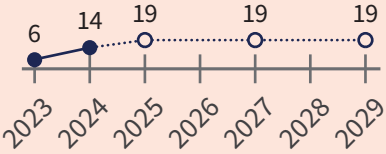
1.3 Number of Member States that developed or updated a pandemic preparedness plan inclusive of influenza

Cumulative report



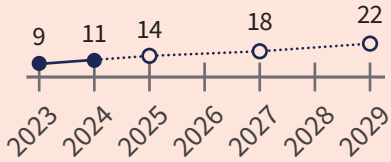
1.4 Number of Member States that exercised their pandemic preparedness for influenza including across sectors

Biennial report[g]



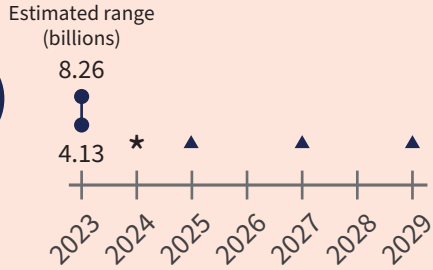
1.5 Number of Member States that have undertaken a national analysis of influenza vaccine procurement or production sustainability

Cumulative report



1.6 Global production capacity for pandemic influenza vaccines and antivirals

Annual status report[h]



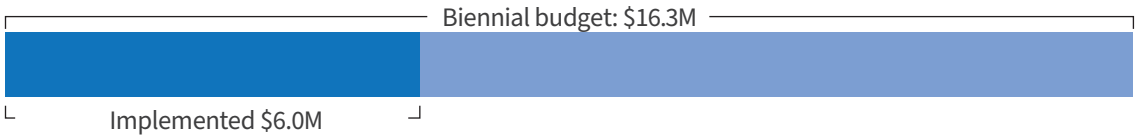
f This indicator progress is measured against annual target, due to 1-year lag of data availability. E.g. 2024 results are made available and reported in 2025; 2025 results are made available and reported in 2026. Due to the data availability, the progress is measured against an annual target.

g Reported each year within a biennium reflecting progress against the biennial target. The count is reset to '0' at the beginning of each biennium.

h Due to data collection timelines, previous years indicator status data are presented. E.g. 2019 results are made available and reported in 2023; 2023 results are made available and reported in 2025. Previously, data was collected on an as needed basis. From 2024 onwards, it is anticipated to be collected at least every 3 years.

Output 2: Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

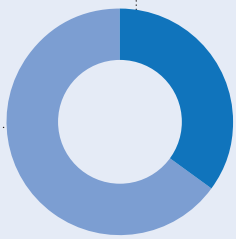


Deliverable A

Laboratory capacities, including genomics, are strengthened

35%
Implemented on biennial budget

65%
Unimplemented on biennial budget



$2.9M

Milestones

37 Laboratory trainings including for genomic sequencing and technical assistance provided
72 Member States
6 Regions

EQAP status
- ✓ Contract signed
- ✓ Sent out
- ✗ Results received
- ✗ Results published in weekly epidemiological record
- ✗ Results shared with participating laboratories

15 Infectious Substance Shipping Training (ISST) conducted
33 Member States
5 Regions

18 Global protocols or guidance reviewed

0 National Influenza Centres (NICs) recognized

255 Shipments made using Shipping Fund Project
108 Member States
6 Regions

2 Vaccine Composition meeting (VCM) completed

5 New Candidate Vaccine Virus (CVVs) proposed

Highlights

Prompt and accurate notification of influenza A(H5) influenza cases to WHO is the cornerstone for monitoring both the evolution of these viruses and their pandemic risk. Together with GISRS partners, WHO has operationalized **the case definition for human infection with influenza A(H5) virus** *(16)*. This case definition facilitates notification of human cases by State Parties under the International Health Regulations (2005), helps standardize language for communication, and enhances the comparability of data across time and geographical areas.

Using antigenic, genetic and epidemiologic data from GISRS and its collaborators, **five new candidate vaccine viruses (CVVs) were proposed** during the two WHO consultations on the composition of influenza virus vaccines in 2024. Continued review, selection and development of CVVs remain crucial for global influenza pandemic preparedness.

National Influenza Centres (NICs) are at the foundation of influenza pandemic preparedness and response. The WHO Terms of Reference, through which their operations fall under, have recently been updated to clarify the scope of seasonal influenza virus sharing with WHO Collaborating Centres, how these viruses are being used, including their potential for development of CVVs for seasonal influenza vaccines, and to clarify the benefits available to GISRS members following the sharing of influenza viruses. These **revised Terms of References for NICs** have been piloted in 20 Member States and are currently being implemented across the whole GISRS network.

The External Quality Assessment Program (EQAP) is the approach to monitor, sustain, and drive improvements in virus detection capacity. The **2024 EQAP panel was sent to Member States in October 2024** and included components to assess influenza and SARS-COV-2 virus detection, influenza antiviral susceptibility testing quality and sequencing. In addition, respiratory syncytial virus was also included in the panel as a control. In 2024, there was an increase of Member States participated in EQAP, from 132 to 146 since last year.

In 2024, 135 (70%) Member States shared influenza viruses and clinical specimens at least once with WHO Collaborating Centres. There has been an **increase in sharing two timely shipments with WHO CCs from 75 (39%) to 85 (44%) Member States** since last year.

In 2024, WHO published **guidelines related to influenza prevention and control**, including guidance on the composition of influenza vaccines for both the Northern and Southern Hemisphere influenza seasons, on monitoring and assessing the susceptibility of Baloxavir to influenza viruses, and updates from the WHO Antiviral Susceptibility Working Group detailing key insights into antiviral resistance surveillance.

A health volunteer takes the temperature for a patient during a home visit on 23 September 2020, in Bang Phut Sub District, Thailand. © WHO / Ploy Phutpheng

Output 2: Collaborative surveillance through GISRS

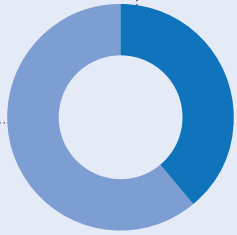
Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

Deliverable B

Resilient surveillance systems are improved and maintained in a One Health context

39%
Implemented on biennial budget

61%
Unimplemented on biennial budget



$3.1M

Milestones

135 Technical assistance for surveillance provided
92 Member States
6 Regions

29 Technical assistance provided to strengthen human-animal interface
67 Member States
6 Regions

10 Outbreak detection and response trainings completed
39 Member States
5 Regions

16 Regional or in-country PISA trainings conducted
13 Member States
4 Regions

PISA updated guidance published
- ✓ Drafted
- ✓ Published
- ✗ Translated

16 National and regional influenza meetings held to improve global influenza surveillance system strengthening
92 Member States
5 Regions

221 Regional bulletins published
6 Regions

11 Protocols developed for investigations and studies network (Unity Studies)

Highlights

In 2024, WHO published an updated PISA guidance *(17)*, which considers additional data sources and experiences from the COVID-19 pandemic, introduces a new indicator on the impact on health care capacity, and provides additional guidance on threshold setting methods. This revised guidance was coupled with 16 trainings in four regions, strengthening the reporting of key influenza severity indicators. This led to a **significant increase in Member States reporting severity indicators**, from 21 to 60 since 2023.

The **17th Bi-Regional Meeting of the National Influenza Centres and Influenza Surveillance in the WHO's South-East Asia and Western Pacific Regions** was held in the Philippines in November 2024. It brought together GISRS representatives, Member States, WHO focal points, academia and donor organizations to discuss seasonal and zoonotic influenza circulation and the implementation of regional global frameworks and programmes for seasonal and pandemic influenza. This included the review of implementation of the expanded GISRS, implementation of the PIP PC in both regions, efforts to strengthen respiratory pathogen pandemic preparedness under the PRET Module 1, and alignment of capacity building efforts with regional and global health security strategies. Participants also took part in a discussion-based simulation exercise during the meeting aimed at exploring Member State readiness and core laboratory and surveillance capacities required for an avian influenza outbreak. This meeting highlighted the need to enhance seasonal and pandemic influenza preparedness through robust planning, resource allocation, and continued technical support and collaboration.

"Crafting the mosaic": a framework for resilient surveillance for respiratory viruses of epidemic and pandemic potential *(18)* supports Member States in identifying multiple fit-for-purpose surveillance approaches that address priority surveillance objectives for influenza, and other respiratory viruses of epidemic and pandemic potential according to country context. **Ten mosaic framework workshops** were implemented in selected Member States across the African Region, Eastern Mediterranean Region, and Region of the Americas. National officials involved in respiratory virus surveillance focused on mapping existing surveillance approaches to objectives, complemented by scenario-based discussions to determine their functionality and identify needs and corresponding actions to strengthen national surveillance.

In 2024, WHO, with animal health partners at the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH), published **three global risk assessments focused on the evolving situation of A(H5) virus circulation**. Additionally, WHO published three risk assessments on influenza at the human-animal interface and assessed the risk associated with the first reported human cases with influenza A(H5N2) and A(H10N5) viruses.

In December 2024, a significant milestone was achieved with the establishment of the **Unity Studies Network global task force**. The virtual meeting, held on 11 December, brought together headquarters and Regional Office focal points to lay the foundation for this important initiative. The task force's primary mission is to develop and coordinate the Unity Studies Network's activities at a global and regional level. During this meeting, participants outlined key strategic objectives, discussed the network's coordination framework, and developed a comprehensive roadmap for 2025. The meeting successfully established the groundwork for the network's future operations and defined crucial next steps for its implementation.

Tajikistan: National Reference Laboratory / National Influenza Centre, 2023. © WHO

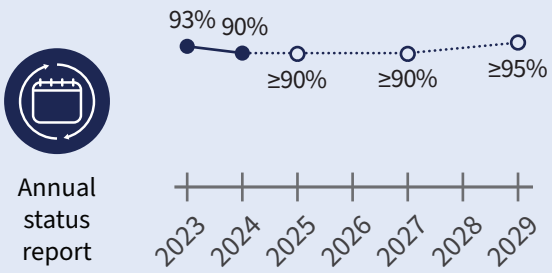
Output 2: Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

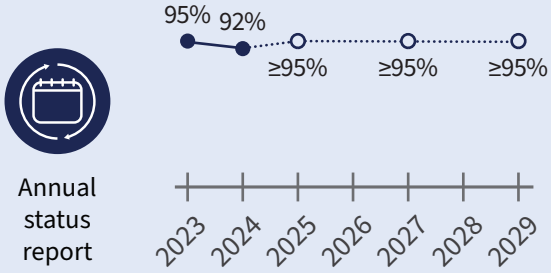
Indicators

Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

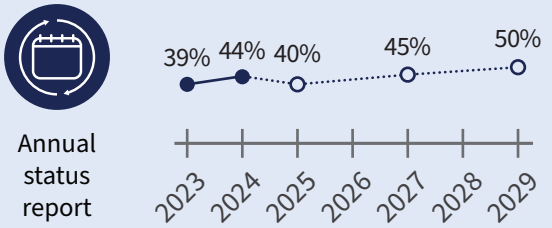
2.1 Proportion of Member States that participated and were 100% correct for non-seasonal influenza virus identification in the WHO PCR External Quality Assessment Programme (EQAP)



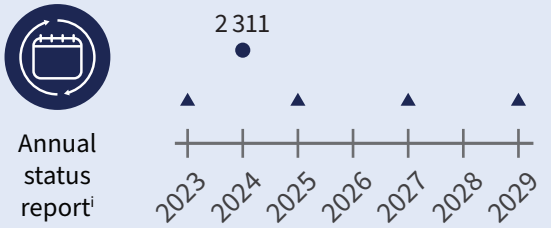
2.2 Proportion of Member States that participated and were 100% correct for seasonal influenza virus identification and in the WHO PCR External Quality Assessment Programme (EQAP)



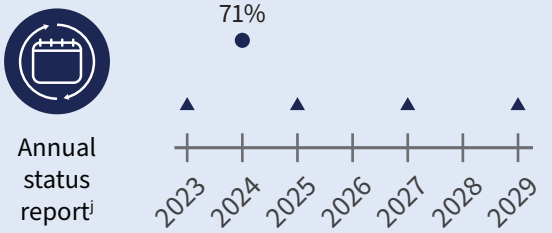
2.3 Proportion of Member States that had timely sharing of influenza virus isolates or clinical specimens with WHO CCs according to WHO guidance



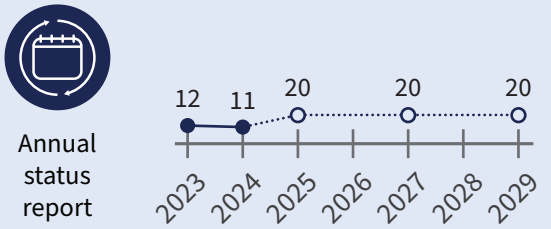
2.4 Number of zoonotic influenza viruses, and other influenza viruses with pandemic potential characterized by GISRS



2.5 Proportion of Member States sharing IVPPs with GISRS according to WHO IVPP sharing guidance



2.6 Number of global risk assessments published for influenza viruses and at the human-animal interface



i Indicator 2.4 is a monitoring indicator. No target established or no trend or no comparison with previous years can be made using this indicator data, as the numbers reported depends on the influenza virus activity, surveillance activity in originating countries and shipping logistics.

j Indicator 2.5 is a monitoring indicator. No target established or no trend or no comparison with previous years can be made using this indicator data, as the numbers reported depends on the detection and reporting of new human cases, or changes in the surveillance practices in reporting countries.

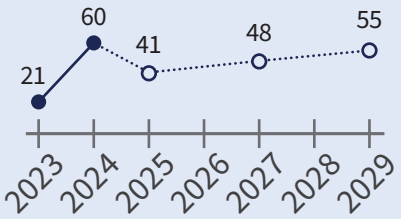
Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

2.7 Number of global risk assessments conducted using the Tool for Influenza Pandemic Risk Assessment (TIPRA)

Annual status report[k]

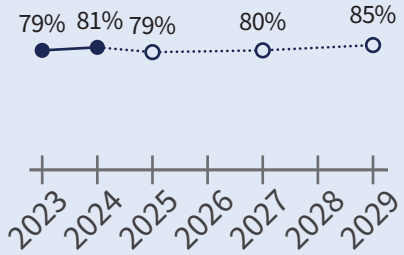
2.8 Number of Member States reporting influenza severity indicators to WHO

Annual status report



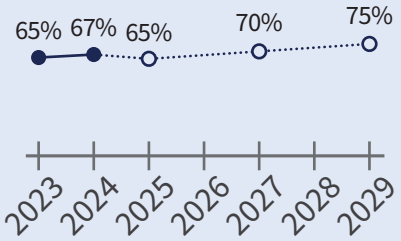
2.9 Proportion of Member States reporting virological surveillance data to the WHO global influenza data platform

Annual status report



2.10 Proportion of Member States reporting epidemiological data to the WHO global influenza data platform

Annual status report



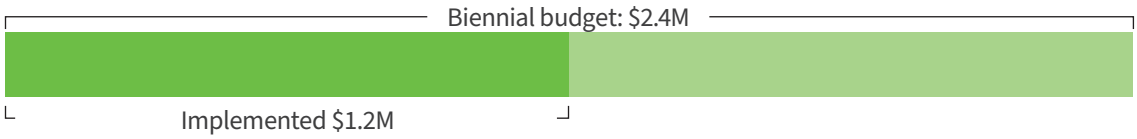
2.11 Number of sites participating in the WHO investigations and studies network (Unity Studies)

Cumulative report

k Indicator 2.7 is a monitoring indicator. No target established or no trend or no comparison with previous years can be made using this indicator data, as the need for TIPRA exercises is decided based on the criteria defined in the TIPRA guidance and other scientific interests to compare relative risks of different influenza viruses with pandemic potential; old or contemporary.

Output 3: Community protection

Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

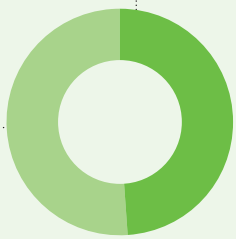


Deliverable A

Country RCCE systems and capacities are enhanced and regularly exercised for influenza

49%
Implemented on biennial budget

51%
Unimplemented on biennial budget



$470K

Milestones

Member States working to include the core components of risk communication and community engagement (RCCE) in their pandemic preparedness plans

5 Preparatory workshop
11 Draft in process
2 Draft finalized

3 Communities onboarded on Hive platform to strengthen the engagement of WHO Information Network for Epidemics (EPI-WIN) communities

Highlights

EPI-WIN, a knowledge translation platform for health emergencies, has seen significant growth since its launch in 2020. Engagements with EPI-WIN communities have included two-way dialogues, webinars and digests, co-development of tools as well as capacity building activities. By December 2024, the platform had conducted 42 engagements. The number of subscribers for the EPI-WIN Science Translation webinars rose to 52,000, a 77% growth in 18 months. On average, 140 Member States participated in each webinar. These webinars have been instrumental in: 1) informing national and sub-national emergency strategies, action plans, or operational plans; 2) updating guidelines and protocols in community health centers, hospitals, and academic courses; 3) sensitizing decision-makers; and 4) increasing community awareness and capacities. In **2024, four influenza-related EPI-WIN webinars were held**, including one on the WHO Clinical practice guidelines for influenza that were updated to apply to patients with pandemic influenza viruses. In another webinar, integrated surveillance for influenza and other respiratory viruses was emphasized for the early detection of emerging viruses with pandemic potential.

The HIVE digital collaboration space was developed to provide a safe environment for information and knowledge exchange for rapid peer-to-peer learning and multi-sectorial collaboration *(19)*. In 2024, **the HIVE collaboration space onboarded three influenza-relevant communities** – PRET, Severe Acute Respiratory Infections network (SARInet), and the Asia Pacific Health Security Action Framework (APHSAF). This was in addition to onboarding 50 other public health focused communities and 1 400 public health experts. These three communities include representatives from 90 Member States across all WHO regions, 41% of which represent low- and lower middle-income countries.

WHO headquarters together with the Regional Office for South-East Asia are developing an **information environment assessment pilot tool**, which aims to assess, analyze, and document an entire information ecosystem, including structures, agents, and systems that influence information seeking, access, sharing, and use. With better information about the entire information ecosystem, the results of the pilot tool will be used by national authorities to have more data-backed, streamlined and effective RCCE and IM interventions at the time of an influenza pandemic.

Output 3: Community protection

Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

Deliverable B

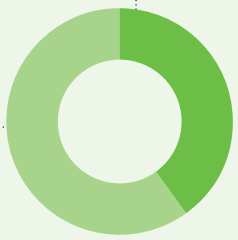
Knowledge translation capacity is developed and enhanced

40%

Implemented on biennial budget

60%

Unimplemented on biennial budget



$255K

Milestones

0 Tools and products developed to strengthen translation of science in emergencies via Science Translation Network

5 Technical assistance provided to enhance knowledge translation capacities and systems

162 Member States

6 Regions

Highlights

The **Science Translation for Health Emergencies community was launched on the Hive Platform** in May 2024 and includes 27 Member States. Members of this network are scientists and researchers, media and communication experts, health workers and decision makers and community leaders. This community brings them together to exchange experiences and learnings for a more coordinated and multi-disciplinary approach to translating scientific knowledge for effective decision-making during health emergencies, including for a future influenza pandemic.

The Eastern Mediterranean Regional Office together with WHO headquarters organized the **first Global Community Protection workshop in Jordan** in July 2024. The workshop aimed to strengthen the capacities of community organizations, government ministries, United Nations agencies, international and national non-governmental organizations by assisting them to integrate community protection into their plans, translate complex scientific data into clear public health messages, identify and counter misinformation, and create a platform for knowledge exchange and networking among public health professionals.

Output 3: Community protection

Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

Deliverable C

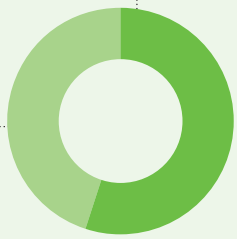
Effective infodemic management systems in place

55%

Implemented on biennial budget

45%

Unimplemented on biennial budget



$427K

Milestones

4 Guidance documents for building an infodemic insights report published

14 Technical assistance to enhance infodemic management

23 Member States

5 Regions

Highlights

In 2024, three additional Member States from the Western Pacific Region began conducting infodemic monitoring and analysis, following recommendations from Joint External Evaluations. These recommendations led to the prioritization of infodemic management and capacity-building initiatives. Globally, there are now **20 Member States that are conducting infodemic monitoring and analyses as a routine community protection function** for pandemic influenza preparedness.

A new modular **infodemic management training package** that can be tailored to facilitate building and strengthening of the set of the capacities described in the infodemic management competency framework *(20)* was developed in the first half of 2024 and piloted in the Region of the Americas, South-East Asia Region, and Western Pacific Region. In collaboration with the Africa Infodemic Response Alliance, the training was provided to selected Member States in the African Region in the second half of 2024.

Social listening is critical to building an infodemic insights report *(21)*. In order to enhance capacities in social listening and the generation of infodemic insights in regions and Member States, **WHO developed a social listening training package** in November 2024. The training utilizes the Public health taxonomy for social listening on respiratory pathogens *(22)* and social listening examples for demonstration and practice purposes. It has been integrated into the broader infodemic management training package that is being rolled out globally *(23)*.

The Regional Office for Europe launched a new whole-of-society collaboration called the **European Infodemic Preparedness and Response Alliance** in August, to coordinate efforts against mis- and dis-information *(24)*. In the start-up phase, it is focusing on developing infodemic management capacities in the region and identifying research areas that will aid in developing future interventions.

Output 3: Community protection

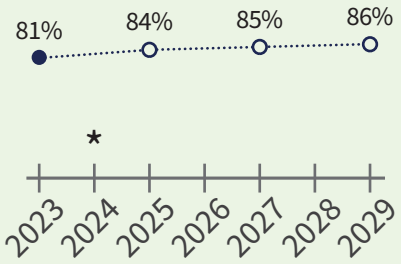
Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

Indicators

Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

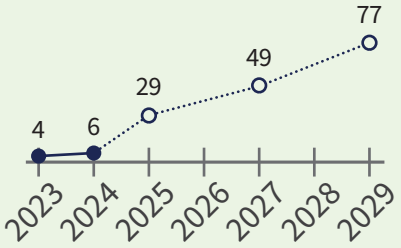
3.1 Number of Member States with mechanisms developed for public communication and/or media relations, including infodemics, and activities are being implemented at the national level

Annual status report[l]



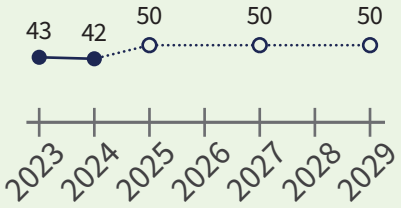
3.2 Number of Member States that have included the core components of RCCE in their pandemic preparedness plans

Cumulative report



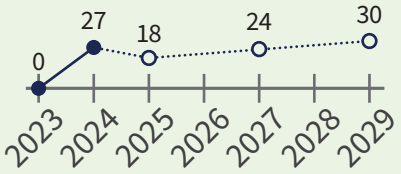
3.3 Number of engagements with EPI-WIN communities in pandemic preparedness initiatives

Annual status report



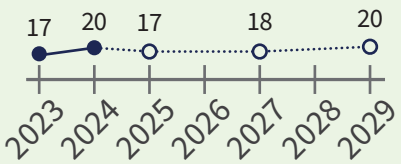
3.4 Number of Member States participating in the Science Translation Network

Cumulative report



3.5 Number of Member States that conduct regular infodemic monitoring and analysis

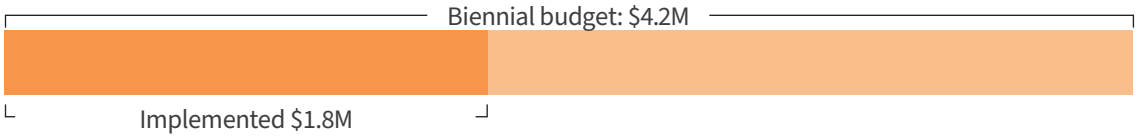
Annual status report



l Due to data collection timelines, previous years indicator status data are presented. E.g. 2024 results are made available and reported in 2025, 2025 results are made available and reported in 2026.

Output 4: Access to countermeasures

Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

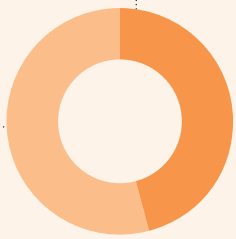


Deliverable A

Regulatory readiness and resilience in countries is enhanced

46%
Implemented on biennial budget

54%
Unimplemented on biennial budget



$1.2M

Milestones

4 Tools refined for supporting regulatory preparedness for pandemic influenza

16 Benchmarkings conducted
13 Member States
4 Regions

24 Institutional development plan follow up visits conducted
14 Member States
4 Regions

7 Technical assistance provided to strengthen national capacities to regulate pandemic influenza products, including implementation of IDP components
36 Member States
6 Regions

WHO Regulatory preparedness guidelines translated
- Arabic
- Chinese
- French
- Russian
- Spanish

1 Technical assistance provided to implement the PIP regulatory preparedness guidelines
10 Member States
1 Regions

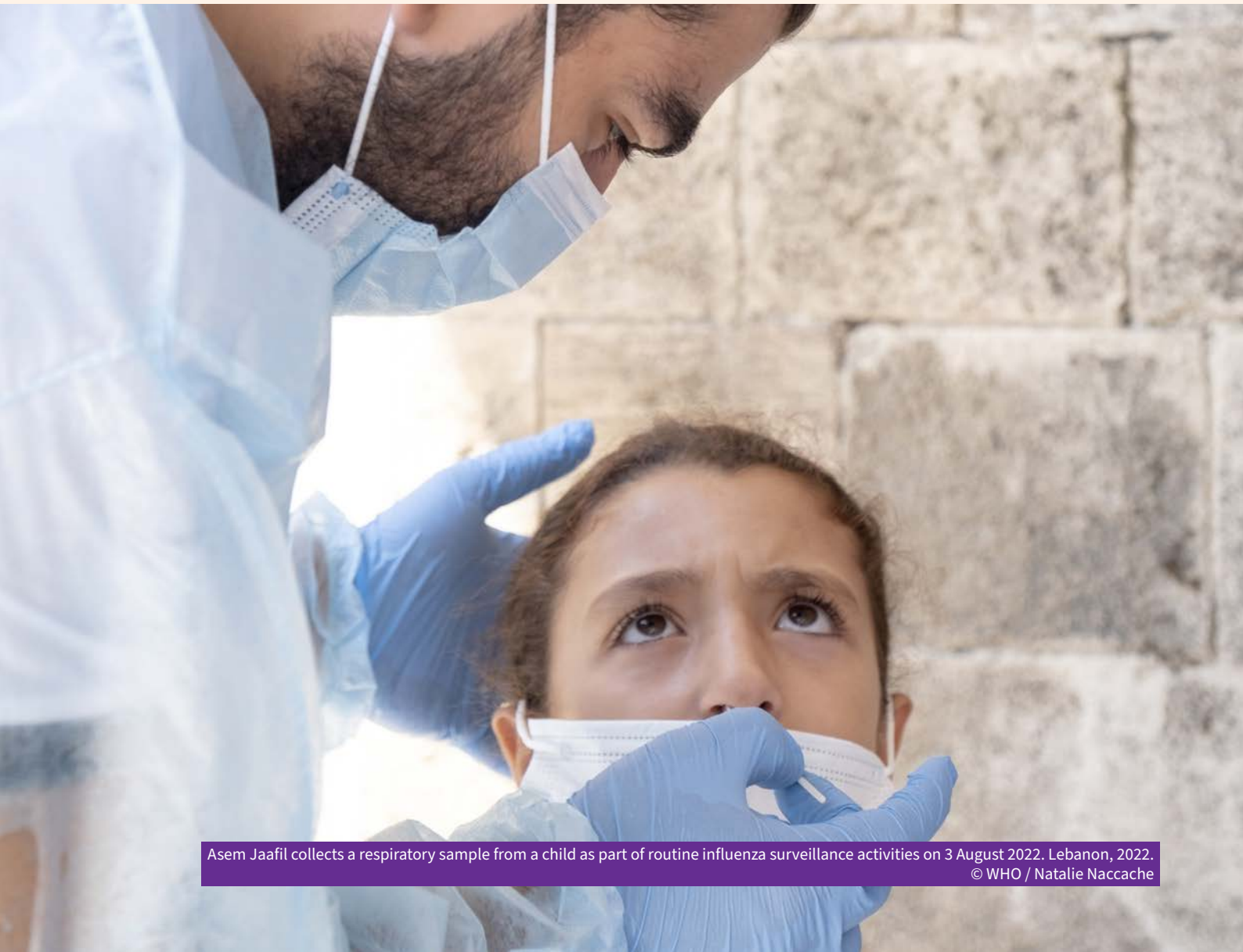
Highlights

In 2024, **Egypt, Senegal, and Rwanda achieved a significant milestone in medicines regulation, attaining maturity level three**, which equates to a stable, well-functioning and integrated regulatory system. These efforts highlight their commitment to ensuring the availability of safe, effective, and high-quality medical products for their populations *(25–27)*. This brings the total number of Member States having reached maturity level three or four globally to 18.

In December 2024, an update to the **WHO Global Benchmarking Tool plus Medical Devices for the Evaluation of National Regulatory Systems of Medical Products** was published *(28)*. This tool aims to support the evaluation and strengthening of regulatory systems for medical devices, including in vitro diagnostics such as those used for influenza detection and diagnosis. Applying this tool will be crucial for the safe regulation and approval of in vitro diagnostics during an influenza pandemic.

Global Benchmarking Tool Assessors workshops were conducted in July and November 2024 among French and Spanish-speaking Member States. The workshop aims to standardize the approach of assessors during benchmarking missions to ensure consistency and improve the overall quality of benchmarking outcomes. This includes building skills in interviews, investigations, communication, teamwork, and report preparation.

WHO conducted a workshop in August 2024 on **implementation of the updated guidelines on regulatory preparedness for the oversight of pandemic or other emergency use vaccines in importing Member States**. This workshop identified factors affecting access to quality-assured pandemic vaccines, explored various regulatory approaches (such as reliance and recognition) for product authorization, and addressed quality control and safety monitoring issues during health crises. Additionally, the workshop emphasized the importance of robust in-country communication networks for pandemic preparedness and helped Member States develop or update their regulatory preparedness roadmaps for public health emergencies.



Asem Jaafil collects a respiratory sample from a child as part of routine influenza surveillance activities on 3 August 2022. Lebanon, 2022.
© WHO / Natalie Naccache

Output 4: Access to countermeasures

Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

Deliverable B

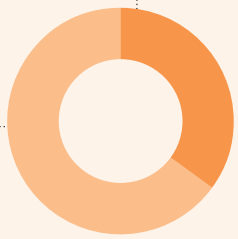
A common approach to managing global access, allocation and deployment of pandemic products including Standard Material Transfer Agreement 2 operationalization is prepared

35%

Implemented on biennial budget

65%

Unimplemented on biennial budget



$205K

Milestones

Tools in each stage of implementation to develop, elaborate and refine the common approach to managing global access, allocation and deployment of pandemic products

2 Planning and organizing
0 Drafting documents/developing tools
1 Finalization
0 Periodic review/exercise

Highlights

Collaborative assessments and extensive stakeholder engagement have been critical in developing the **Global Allocation Framework for Pandemic Influenza Products**. In February 2024, the WHO interim Medical Countermeasures Network Mechanism hosted virtual fora with civil society organizations and industry representatives to facilitate cross-sectoral dialogue on pandemic preparedness challenges and key action areas. This was complemented by regional public health organizations coming together in March to explore strategies for the equitable access to medical countermeasures (MCM) and assess emergency preparedness activities across the MCM value chain. These discussions provided critical insights into the development of this global framework and formed the basis of future consultations.

Building on these engagements, 2024 also marked a major milestone with the publication of the **Defining access to countermeasures – Landscape report, executive summary**. This report details allocation approaches for pandemic influenza response needs, offering key findings from a comprehensive landscape analysis of MCM capacities across the value chain. Developed through consultations with international organizations, regional bodies, civil society, and industry partners, it lays the groundwork for the principles, criteria, and governance arrangements that will shape the Global Allocation Framework. These combined efforts reflect a systematic approach to strengthening pandemic response mechanisms and ensuring fair, effective, and strategic deployment of pandemic influenza products.

Output 4: Access to countermeasures

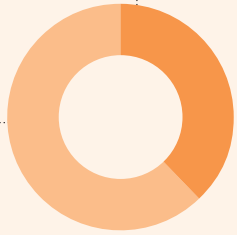
Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

Deliverable C

Country capacity to deploy and distribute pandemic products is strengthened

38%
Implemented on biennial budget

62%
Unimplemented on biennial budget



$410K

Milestones

National deployment and vaccination plans (NDVP) for pandemic influenza vaccine in development or updated since COVID-19 pandemic
1 Preparatory workshop
4 Drafts in process
0 Draft finalized

Simulation exercises conducted to test deployment of pandemic influenza vaccines or other products
9 Member States
2 Regions

1 Global guidance or tools developed or updated inform national medical countermeasures access, allocation and deployment planning

5 Technical assistance provided to develop or update national deployment plan
40 Member States
3 Regions

Highlights

To aid Member States in the development of their NDVP, an **analysis tool for national integrated delivery of relevant health products** against pandemic influenza and other respiratory viruses of pandemic potential was drafted and shared for consultation in 2024. The tool enables a targeted operational assessment of a country's preparedness for national integrated delivery of relevant health products for pandemic influenza and other respiratory viruses of pandemic potential. Results from the tool are used to further inform integrated planning for the delivery of pandemic products. Final publication of this tool is expected in early 2025.

WHO has drafted briefs on **stockpiling of national pandemic influenza medical countermeasures and planning for allocating resources**. These documents focus on the functions, structures, and potential principles, criteria and processes to aid national authorities and policymakers in planning and implementing the allocation of pandemic influenza products, especially when access to these products may be scarce at the onset of an influenza pandemic. These documents were presented as abstracts to Options for the Control of Influenza XIII Conference in September 2024 to influenza policy makers, researchers, industry representatives and practitioners.

Output 4: Access to countermeasures

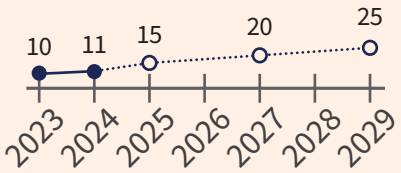
Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

Indicators

Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

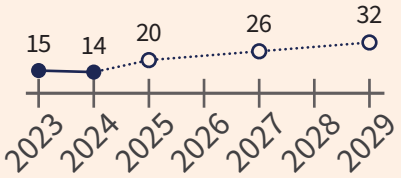
4.1 Number of Member States that have implemented a defined regulatory approach that enables timely approval for use of pandemic influenza products

Cumulative report[m]



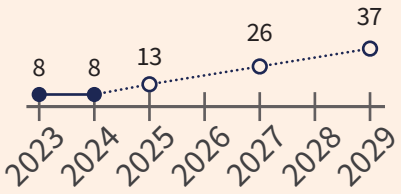
4.2 Number of Member States which strengthened national regulatory capacity to oversee pandemic influenza products as per WHO benchmarking and institutional developmental plan (IDP) implementation

Cumulative report[n]



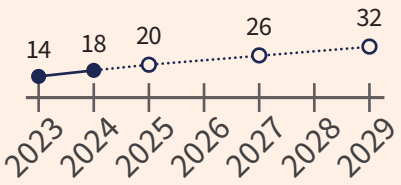
4.3 Number of Member States that developed or updated a pandemic influenza national deployment and vaccination plan (since COVID-19 pandemic)

Cumulative report



4.4 Number of annual global, regional or country simulation exercises conducted to test deployment of pandemic influenza vaccines or other products

Cumulative report

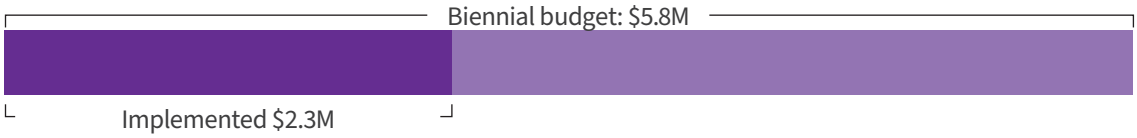


m The numerator of indicator 4.1 refers to Number of PC recipient Member States. Therefore, despite cumulative reporting of annual results, the baseline or previous years result may be less, if there is a change of PC recipient Member States in a biennium.

n The numerator of indicator 4.2 refers to Number of PC recipient Member States. Therefore, despite cumulative reporting of annual results, the baseline or previous years result may be less, if there is a change of PC recipient Member States in a biennium.

PIP Framework Secretariat

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

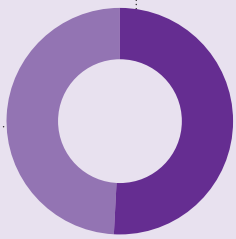


Deliverable A

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

50%
Implemented on biennial budget

48%
Unimplemented on biennial budget



$1.0M

Milestones

5 Meetings held and reports submitted to WHO DG or governing bodies to support implementation of Section 7 (Governance and review) of the PIP Framework

Documents/reports in development or developed for the World Health Assembly or Executive Board
1 Scoping
0 Draft
1 Final

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

Highlights

The PIP Advisory Group (AG) met from 22–25 October 2024 in Geneva. During the meeting, the AG received briefings on the implementation of the Framework and delved into several key issues. These included an update on the Partnership Contribution (PC) level, the importance of timely receipt of PC funds, the urgency of developing an allocation framework for pandemic influenza products, and the importance of timely sharing of influenza viruses in the context of the Nagoya Protocol.

In the context of the current spread of avian influenza (H5N1), the PIP Framework has provided, and continues to provide, the overarching structure and foundational principles for WHO's work to accelerate effective pandemic influenza preparedness and ensure a timely and equitable response.

PIP Framework Secretariat

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

Deliverable B

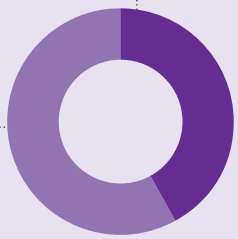
Collect, implement, monitor, and report on the Partnership Contribution

42%

Implemented on biennial budget

58%

Unimplemented on biennial budget



$263K

Milestones

Status of PC collection and distribution (planning)
- ✓ Invoice sent by 30 June
- ✓ PC fund distributed by 31 December

6 Site monitoring visits conducted (implementation)

Work plan compliance checks conducted (monitoring)
- ✓ January – June
- ✓ July – December

27 PC implementation updates published in newsletter and/or website (reporting)

Highlights

The **second edition of the HLIP III Monitoring and Evaluation Framework** was published in November 2024 *(29)*. As with the first edition, it serves as a reference guide for all beneficiaries and stakeholders, explaining how progress is measured against the HLIP III results hierarchy. The update now reflects baselines for the indicators as of December 2023 as well as updated targets and metadata for selected indicators.

The **Independent External Evaluation of The Pandemic Influenza Preparedness Framework Partnership Contribution High Level Implementation Plan 2018-2023 (HLIP II)** was finalized with findings and recommendations reported to the PIP Advisory Group in October 2024. The full evaluation report will be published, along with the WHO management response in 2025.

The PIP Secretariat conducted **regional site monitoring** both in-person and virtually, by reviewing the technical and financial implementation of the PIP PC HLIP III. This fostered collaboration and sharing of best practices across WHO three levels when country focal points were provided opportunities to present significant achievements and key challenges faced through implementation. More importantly, site monitoring reaffirms commitment and sets priorities for future operational planning.

PIP Framework Secretariat

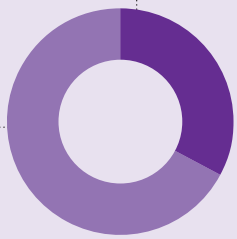
The PIP Secretariat leads, manages and supports implementation of the PIP Framework

Deliverable C

Standard Material Transfer Agreements 2 (SMTA2) are concluded, reviewed, and operationalized

33%
Implemented on biennial budget

67%
Unimplemented on biennial budget



$1M

Milestones

SMTA2s under negotiation or under review
9 Negotiation
1 Review

4 Documents or tools produced as part of the operationalization of SMTA2s

Highlights

In a Letter of Understanding, an SMTA2 Category A manufacturer, **Sinovac, has committed to provide to WHO, access to interpandemic influenza vaccines**. Upon request by WHO, the company will : (i) donate 10% of doses of vaccine already produced and immediately available; (ii) donate 5% of the real time production of additional doses; and (iii) reserve 15% of real time production of additional doses for purchase by WHO.

In August 2024, WHO signed a new **Category C SMTA2 with the National Institute of Health, Korea Disease Control and Prevention Agency**. This is the 76th Category C SMTA2 signed by WHO.

PIP Framework Secretariat

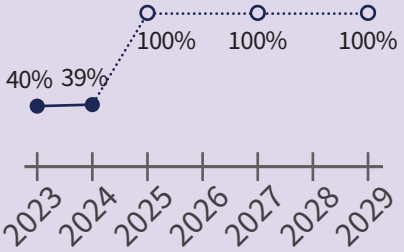
The PIP Secretariat leads, manages and supports implementation of the PIP Framework

Indicators

Key:
- ● Result
- ○ Target
- ★ Data not available
- ▲ Not applicable

5.1 Proportion of Partnership Contributions received in year of invoice

Annual status report



5.2 Number of Category A and B agreements reviewed with a view to operationalize the SMTA2 commitments

Cumulative report

Vaccination outreach in Pohnpei, Federated States of Micronesia. © WHO

Stories from the field

More influenza newsletter stories can be found on WHO News *(30)*

Yemen begins sharing seasonal influenza viruses with WHO Collaborating Centre in London

Influenza virus sharing is essential to prepare the world against pandemics. Virus sharing also enables the development of candidate vaccine viruses, surveillance for resistance to antiviral medicines, and revision of diagnostic reagents and test kits. Owing to the ongoing conflict in Yemen, the country has been unable to share virus samples every year with the WHO Collaborating Centers under the Global Influenza Surveillance and Response System (GISRS).

However, in May 2024 Yemen succeeded for the first time in shipping the first 50 samples of seasonal influenza viruses to the WHO Collaborating Centre for Reference and Research on Influenza in London, in the United Kingdom. This milestone was made possible by WHO's continuous support to the country over several years.

During the H1N1 pandemic in 2009, Yemen's Ministry of Public Health and Population designated the Central Public Health Laboratories (CPHL) as the National Influenza Centre. Following the COVID-19 emergency, Yemen has adapted its respiratory disease surveillance system to monitor both influenza and SARS-CoV-2 viruses. This was done with support from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean. Since then, Yemen has been expanding its services for the subtyping of influenza and other respiratory viruses to feed into this new national integrated surveillance programme and GISRS.

In March 2022, WHO headquarters and Regional Office experts arranged a mission to Yemen in coordination with the WHO Country Office in Yemen. The mission aimed to reactivate influenza sentinel sites, which had been suspended during the COVID-19 emergency; train Ministry of Public Health and Population and CPHL staff on virus testing and on sharing influenza viruses with human pandemic potential, in line with the Pandemic Influenza Preparedness Framework; and to ensure that CPHL has met the WHO requirements for testing procedures for respiratory viruses.

Since January 2023, samples are being collected at influenza sentinel sites and shipped to the CPHL's governorate-level National Centre for confirmation by polymerase chain reaction (PCR) test. However, until May 2024, logistics constraints prevented the next step of sharing confirmed samples with the WHO Collaborating Centre in London – dry ice, which is needed to ship samples internationally, has been unavailable in Yemen since 2015 due to the war and an embargo.

With support and facilitation from WHO, dry ice was received in Aden, Yemen from Addis Ababa, Ethiopia on 13 May 2024. This was transported via a United Nations Humanitarian Air Service flight from Addis Ababa to Aden, and the same plane then took the packaged samples on to Amman, Jordan. The samples safely made the last leg of their journey via international courier from Amman to London, where they were received the next day by the WHO Collaborating Centre for Reference and Research on Influenza for further processing.

The same coordination mechanism will be used for future shipments of influenza virus samples until Yemen can produce dry ice.

Shipment process under way on 13 May 2024 at CPHL in Aden, Yemen.
© WHO / K. Mayas

A boy is vaccinated on 25 July 2023 in the children's department of the Brovary City Center of Primary Medical and Sanitary Aid, Ukraine. © WHO / Christopher Black

Seasonal influenza vaccination starts in pharmacies in Ukraine

“Getting vaccinated at the pharmacy is quick, convenient, and you don't have to wait in long queues. Plus, the specialists here are great – I didn't even feel the injection, so I highly recommend it,” says Daria on getting her seasonal influenza shot in a pharmacy in Ukraine.

In February 2024 Ukraine adopted a resolution allowing influenza vaccination to be administered in pharmacies across the country. The Ministry of Health also made changes to regulations on the training of specialists. To provide a vaccination service, pharmacists must undergo at least a week of appropriate training at a medical university. Under the new rules, pharmacies that carry out vaccination in the country must also obtain a licence to practise medicine.

“We have been waiting for this historic moment for almost 2 and a half years. It is a great example of cooperation between the Ministry of Health, the World Health Organization and the private sector,” said Viktor Liashko, Minister of Health of Ukraine, who received his vaccination during a visit to the first pharmacy in the country to start administering influenza vaccination. “Now we expect a cascade of vaccination rooms to open in other communities, in other pharmacy chains, bringing the service closer to the people.”

Improving access to vaccines

Ukraine, like many other countries, faces an annual respiratory virus season that typically runs from October to May. The simultaneous circulation of influenza and COVID-19 poses a double threat, increasing the burden on health systems and potentially leading to more severe outcomes. This is compounded by the current challenges and strains on health-care infrastructure as a result of the ongoing war in the country.

Influenza vaccination coverage in Ukraine has historically been low compared with many countries in the WHO European Region. During the 2023–2024 epidemic season, 143 616 people were vaccinated against influenza, including 91 317 from at-risk groups (pregnant, older or immunocompromised people, and health-care workers), which is only 1.07% of the total target group.

Several factors contribute to this low uptake, including inadequate vaccine availability and public awareness, and misconceptions about vaccine safety and effectiveness. In past seasons, those who sought vaccination had to first purchase the vaccine at a pharmacy, then bring it to a medical facility (while keeping it at the correct temperature) where medical staff would administer the vaccine.

To support the Government in making influenza vaccination more convenient for the public, the WHO Country

Office in Ukraine is working with the Ministry of Health to develop high-quality training for pharmacists using educational materials aligned with global best practices and guidelines, in consideration of the Global Influenza Strategy 2019–2030.

Jarno Habicht, WHO Representative in Ukraine, explained, "Analytical data show that pharmacies play a crucial role in improving access to vaccines for people in more than 20 countries. Ukraine is now joining them, again demonstrating significant progress over the past 5–7 years. We welcome the Ministry of Health's strategic approach to this matter and, together with many other partners, support this initiative."

Vaccination training for pharmacists

A training course for the first group of pharmacists was held in Kyiv in September 2024 at the Bogomolets National Medical University. Trainees learned about the epidemiology of vaccine-preventable infections, the basics of immune response, the complications of influenza, international experience of vaccination in pharmacies, indications and contraindications for vaccination, adverse events following immunization, emergency care, etc.

Ksenia Koval, a pharmacist in the first cohort of trainees, noted, "The course consisted of a theoretical part and practical skills. We were taught how to properly vaccinate, how to store vaccines, how to fill out documentation, how to communicate with a client. We say that, from now on, they can get vaccinated against the flu right away in a pharmacy, thereby relieving the burden on doctors and health-care institutions."

The first educational course was conducted by the Training Centre of Family Medicine with involvement of leading experts in immunization and WHO specialists as part of the implementation of the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution. WHO will organize follow-up visits to pharmacies to ensure quality control of the influenza immunization service, and local experts will provide their recommendations and suggestions for improvement.

Participants conducting simulation exercises for deployment during the regional workshop for the development of NDVPs. © WHO

Developing National Deployment and Vaccination Plans for vaccines against pandemic influenza and other respiratory viruses of pandemic potential: a workshop for Francophone countries in the African Region

From 24 April to 26 April 2024, six West African countries participated in a francophone multi-country regional workshop in Abidjan, Côte d'Ivoire, for the development of NDVPs for vaccines against pandemic influenza and other respiratory viruses of pandemic potential, within the context of planning for respiratory pathogen pandemics. Convened in collaboration with the WHO Regional Office for Africa with support from the WHO Country Office Côte d'Ivoire, the workshop brought together representatives of the ministries of health and national public health experts from Algeria, Burkina Faso, Cameroon, Côte d'Ivoire, Mali and Senegal.

The participants of the workshop recognized the importance of creating or updating an NDVP as an iterative process bringing together diverse stakeholders to ensure the plan is comprehensive and ready for use during an epidemic or pandemic.

"This workshop compelled us to thoroughly examine and reassess our existing plans. This reflective process allowed us to identify gaps, incorporate new insights, and ensure that our plans are robust and adaptable to future challenges. By scrutinizing our approaches, we are better equipped to enhance our preparedness and response mechanisms for pandemics." – Participant from Algeria

Participants' presentations reflected experiences, lessons learned and best practices from COVID-19, to explore several key areas shaping how vaccines are accessed and deployed such as: planning and coordination, legal and regulatory considerations, selecting key populations for vaccination, establishing vaccine delivery strategies, supply chain and waste management optimisation, human resource management and training, vaccine acceptance and uptake, surveillance systems strengthening, management and evaluation and financing.

Simulation exercises are central to these regional workshops and, employing an innovative and interactive method, participants partook in a tabletop game simulation exercise called PIP Deploy. This aimed to pinpoint gaps and improve planning and implementation capacities across all phases of access, allocation, and deployment.

"These three days were extremely useful and the educational aspect of playing PIPDeploy during the workshop was incredibly important. It provided an engaging and interactive learning experience that helped participants better understand and retain complex information." – Participant from Burkina Faso

In the latter part of the workshop, participants were invited to fortify their plans for accessing, allocating, and deploying vaccines against pandemic influenza and other respiratory viruses.

The workshop underscored the importance of collaborative efforts and strategic planning in bolstering pandemic preparedness at national and regional levels. By strengthening NDVPs and enhancing coordination, countries can better mitigate the impact of future pandemics on health, society, and economies.

WHO pilots new modular trainings for infodemic management in three regions

In May 2024, a new modular infodemic management training package was developed and piloted in three separate trainings in Bhutan, Fiji and the United States of America.

An infodemic is defined as the overwhelming amount of information, accurate and otherwise, accompanying an acute health event. Their impact during the COVID-19 pandemic and subsequent emergencies has been highly visible in recent years, yet managing an infodemic is complex and multifaceted, requiring new skills and rapid action in a changing information environment.

"It has become clear that risk communication and infodemic management and the active role that various actors in a community can play, in an often complicated and perplexing information ecosystem, are truly imperative constituents of a comprehensive response to health emergencies." – His Excellency Mr Tandin Wangchuk Minister of Health of the Royal Government of Bhutan, in his opening address

With infodemic management emerging as a relatively new field of public health, WHO has responded by developing a range of trainings and resources since 2020, seeking to upskill professionals globally and build capacity to prevent, mitigate and manage the infodemic. These have included seven OpenWHO courses, four online WHO infodemic manager global trainings, in-person trainings, a community of practice and a monthly newsflash. In 2024 WHO developed a new modular training package with updated content and concepts designed to allow for choice in module delivery based on trainees' needs and capacities.

The training was piloted in May 2024 with participants in three WHO regions including from 24 Caribbean countries during a Pan American Health Organization workshop on strengthening risk communications and community engagement to manage health emergencies and improve vaccine uptake; from ministries of health and WHO Country Offices representing 10 countries in the WHO South-East Asia Region during the Annual Regional Forum on Community Engagement and Resilience in Paro Bhutan; and with 30 ministry of health and medical services as well as WHO Division of Pacific Technical Support participants in Fiji. All training packages were adjusted according to the region or the country's capacity building needs, and the trainings received excellent feedback.

"I am thoroughly impressed by the comprehensive and insightful nature of this program. The training was meticulously organized, providing a well-structured blend of theoretical knowledge and practical strategies to tackle the complex challenge of managing misinformation in the digital age." – Mohammed Sanif Fiji Red Cross

The trainings utilize best practices in adult learning including the use of digital interactive tools and immersive scenarios. The new 2024 modular-based training packages and tools can be tailored and adapted to the needs of regional offices and Member States to facilitate building and strengthening of the set of the capacities described in the infodemic management competency framework.

This article has been republished from the June 2024 edition of WHO's Operational Update on Health Emergencies. Training was supported in part by the Pandemic Influenza Preparedness Framework Partnership Contribution.

Participants, trainers and special guests at Fiji training. © WHO/DPS Anish Prasad

Pioneering regional collaboration to enhance regulatory practices in the Americas

In a landmark collaboration, WHO with the Pan American Health Organization (PAHO) launched the first Quality Management Systems (QMS) workshop for national regulatory authorities (NRAs) in the Americas. This marks a significant step forward in strengthening regulatory systems to ensure equitable access to safe, effective and quality medical products—a fundamental component of public health.

Uniting to overcome challenges

Recognizing that robust regulatory systems are crucial for health security, WHO and PAHO have been instrumental in enhancing these across the region. Inspired by the WHA67.20 on 'Regulatory system strengthening for medical products' (24 May 2014) and strategic objectives outlined in PAHO's resolution CSP30.R12, which emphasizes the need to strengthen governance, transparency, and harmonization within regulatory systems, the workshop aimed to align regional efforts with these standards.

The event featured a detailed overview of available WHO QMS guidelines, particularly Annex 5 and Annex 13, from WHO Technical Report Series 1025 and its associated examples and practices. These guidelines serve as the cornerstone of efforts to enhance regulatory capacities, ensuring that NRAs are well-equipped to manage and improve health product quality. By merging their efforts, WHO and PAHO have reinforced their commitment to supporting NRAs through sustainable policies and the promotion of regulatory harmonization and convergence.

A milestone event

The four-day workshop was held in La Antigua, Guatemala, with support from the Pandemic Influenza Preparedness Framework Partnership Contribution. It served as a platform for sharing experiences and best practices among the NRAs of twelve countries: Belize, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Nicaragua, Paraguay, and the Bolivarian Republic of Venezuela.

As the first of its kind in the region, it focused not only on introducing WHO's established QMS guidelines but also on fostering an environment of mutual learning and support. The event highlighted the critical role of collaborative efforts in overcoming common regulatory challenges.

Workshop dynamics and impact

Participants engaged in a comprehensive agenda that covered the essentials of QMS implementation within NRAs. The sessions included presentations on the status of QMS implementation by each country, hands-on activities for identifying and addressing system gaps, and discussions on the cost of quality (an appraisal of resource use) and success stories. This proactive approach facilitated a deep dive into the practical aspects of QMS, empowering participants with the knowledge and tools to enhance their regulatory practices.

The workshop also established vital communication and support channels among the NRAs, which are essential for ongoing collaboration and assistance. By the end, attendees had developed actionable plans to integrate and enhance QMS within their respective authorities, showcasing the practical benefits of the knowledge and strategies shared.

Importance of enhancing regulatory capacities

The success of this inaugural workshop exemplifies the strategic impact of targeted investments in health systems strengthening. By enhancing regulatory capacities, these activities are contributing to a more robust infrastructure capable of swiftly and effectively managing health emergencies, such as influenza pandemics. This workshop not only fostered essential skills and cooperation among participants but also demonstrated a sustainable model for ongoing improvement in public health across the Americas. The long-term benefits of such investments ensure a healthier future, underpinned by resilient and responsive health systems.

Looking ahead

The success of this first regional workshop sets the stage for future initiatives, with plans to extend these efforts to more countries in the Americas and the Caribbean. WHO and PAHO are committed to maintaining this momentum, ensuring that the foundations laid will continue to support the enhancement of NRA capacities and, ultimately, improve global health outcomes.

National regulatory authorities in quality management systems workshop in Guatemala. © WHO/PAHO

WHO celebrates milestone of influenza preparedness in South-East Asia Region

Country-based influenza pandemic preparedness is essential to prevent and prepare for the global spread of influenza viruses. Pandemics can lead to widespread illness, significant mortality, and substantial economic impacts due to healthcare expenses and loss of productivity. Through the concerted efforts of Member States, WHO, partners and investments from the Pandemic Influenza Preparedness Framework (PIP) Partnership Contribution (PC) and other sources, **all 11 countries in the WHO South-East Asia Region (SEAR) now have a WHO-recognized national influenza centre (NIC).** This significant accomplishment strengthens laboratory capacity in line with the objectives of the Global Influenza Strategy (2019–2030).

The Global Influenza Strategy emphasizes the critical need to build strong national capacities, prioritizing laboratories to improve pandemic influenza preparedness and strengthen International Health Regulations (IHR) (2005) core capacities. Given that NICs are the backbone of the WHO's Global Influenza Surveillance and Response System (GISRS), the region set and has now achieved its target to establish a WHO-recognized NIC in each SEAR Member State.

Building a regional network

In 1952, India began building its influenza laboratory capacity, which coincided with the founding of GISRS. By the 1970s, WHO-recognized NICs were operational in India (1977), Indonesia (1976) and Thailand (1972). At the onset of the 2009 influenza pandemic, seven Member States (63%) had a NIC, with the NICs in India, Indonesia, Sri Lanka and Thailand supporting the four countries that did not have their own NIC.

The National Public Health Laboratory in Nepal was recognized by the WHO in 2010. In 2019, recognizing the critical role of NICs, the Regional Office aimed to designate and achieve WHO recognition for public health laboratories in the remaining three Member States (Bhutan, Maldives and Timor-Leste). WHO organized and coordinated external assessments of these public health laboratories, identifying key gaps in workforce competence, laboratory quality management, specimen transportation, documentation of laboratory activities and systematic equipment management.

To address these gaps, these three NICs worked closely with WHO, WHO Collaborating Centres at the United States Centres for Disease Control and Prevention (US CDC), and the Victoria Infectious Disease Reference Laboratory (VIDRL) in Australia to train and mentor senior laboratory staff, thereby enhancing national capacities both in the short and long term. External financial support was provided through the PIP PC and other partners.

These collaborative efforts resulted in significant progress, as indicated by subsequent assessments, leading to WHO recognizing the remaining three laboratories as NICs.

Sustaining the gains

All SEAR Member States are now committed to maintaining high-quality and safe influenza testing. This is achieved through participation in the WHO External Quality Assessment Programme (EQAP), consistent data reporting to WHO, and the regular sharing of influenza viruses. WHO supports these efforts by conducting national and international surveillance reviews, coordinating regional biosafety trainings based on the WHO Laboratory Biosafety Manual, and facilitating training and mentoring at WHO Collaborating Centres.

In 2023, a regional consultation brought together all NICs to discuss strategies for strengthening laboratory capacity to ensure the coordinated implementation of an expanded GISRS (e-GISRS) while preserving influenza-specific achievements. These strategies included adopting WHO-recommended standards for the laboratory diagnosis of influenza and engaging in broader consultations with countries. The aim was to define the scope and terms of reference for NICs, reference laboratories and other collaborators, ultimately improving the organization and coordinated implementation of e-GISRS within countries.

The concerted efforts of Member States, technical support from WHO and other partners, and sustainable financing through the PIP PC and other sources have significantly improved expertise and infrastructure at NICs. These enhancements have strengthened laboratory capacities for influenza preparedness in the WHO South-East Asia Region, aligning with the goals of the WHO Global Influenza Strategy.

Head of the Thai National Influenza Centre at the National Institute of Health Dr Pilailuk O. (centre) and her team of microbiologists pose for a portrait at the Centre, Thailand. © WHO / Ploy Phutpheng

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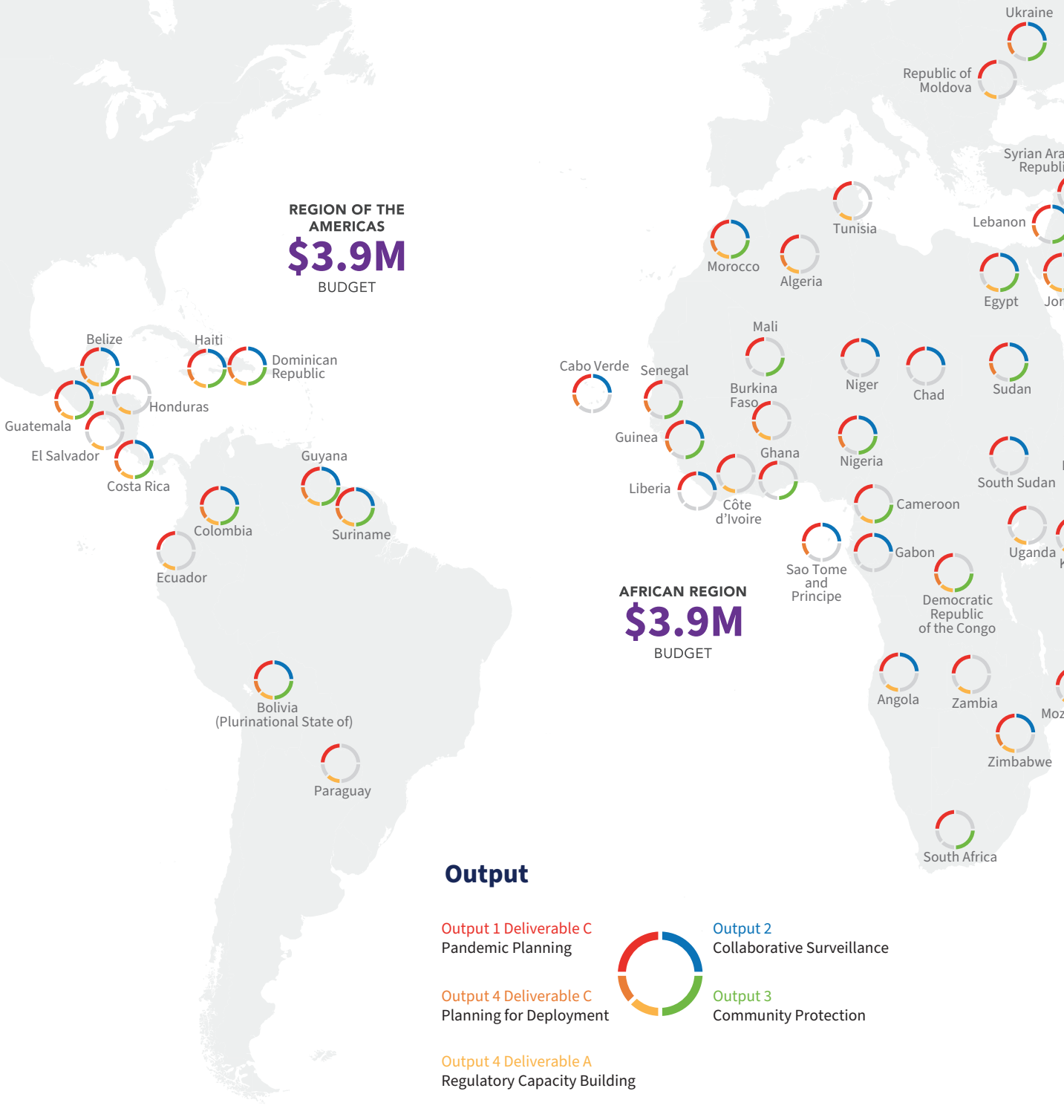
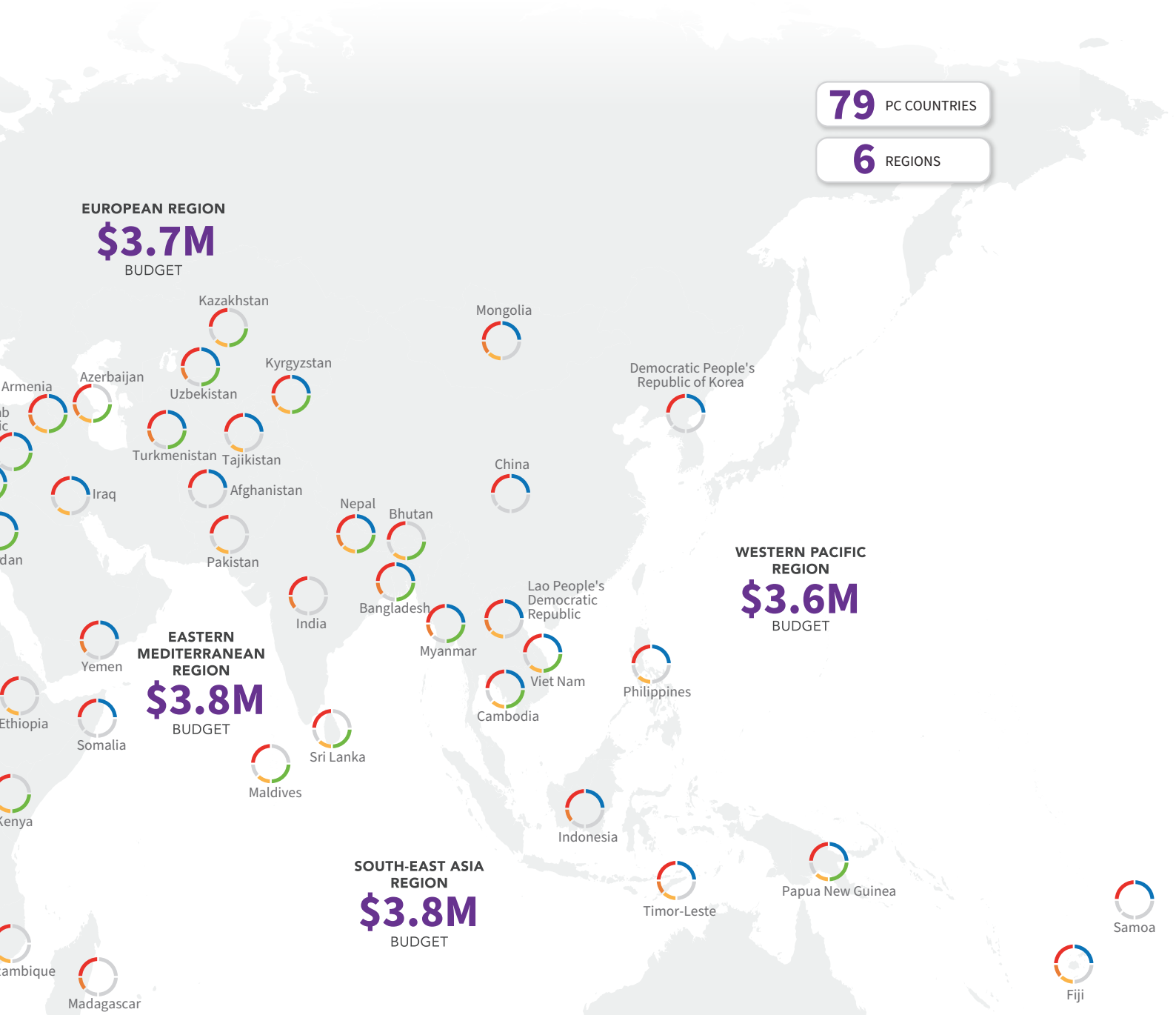
Annex 1:

PIP Framework Partnership Contribution HLIP III Member States by output (2024–25)




79 PC COUNTRIES
6 REGIONS
EUROPEAN REGION
$3.7M
BUDGET
Kazakhstan
Mongolia
Kyrgyzstan
Uzbekistan
Armenia
Azerbaijan
Democratic People's Republic of Korea
Turkmenistan
Tajikistan
China
Iraq
Afghanistan
Nepal
Bhutan
Pakistan
WESTERN PACIFIC REGION
$3.6M
BUDGET
India
Bangladesh
Lao People's Democratic Republic
Myanmar
EASTERN MEDITERRANEAN REGION
$3.8M
BUDGET
Yemen
Viet Nam
Philippines
Cambodia
Ethiopia
Somalia
Sri Lanka
Maldives
Indonesia
SOUTH-EAST ASIA REGION
$3.8M
BUDGET
Timor-Leste
Papua New Guinea
Samoa
Madagascar
Fiji

Annex 2:

A heartfelt thank you to our contributing partners

The PIP Secretariat would like to extend its deepest gratitude to all contributors to the Partnership Contribution, whose continued commitment to the PIP Framework has been critical in strengthening global preparedness for an influenza pandemic, especially in low- and middle-income countries. The impact of this support is evident not only in the quantitative results presented in this report, but in the voices of those who have benefited from the Partnership Contribution. As we implement the High-Level Implementation Plan III, 2024-2030, this partnership remains vital to ensuring the world is better equipped to respond to the next influenza pandemic. Together, we are building a more resilient, responsive, and equitable global health system.

“We sincerely appreciate the support provided through the PIP PC funds, which has significantly contributed to strengthening Armenia’s national capacity for influenza surveillance and pandemic preparedness. This partnership continues to play a vital role in protecting public health.”

Stepan Atoyan
Director General of the National Center for Disease Control and Prevention, Armenia

“The PIP PC Funds has played a crucial role in advancing pandemic influenza preparedness in the Maldives. In this first year, its support in digitalizing of Influenza surveillance, building capacity, strengthening human resources, and providing essential supplies has been invaluable, forming a cornerstone of our ongoing national health security.”

H.E Abdulla Nazim Ibrahim
Minister of Health,
Maldives

Dr Thushara Fernando
WHO Representative to Myanmar

“With support from the PIP PC, Myanmar sustained influenza surveillance during challenging times through dedicated ILI/SARI sentinel surveillance and innovative approaches like EWARS in selected areas. This adaptive system enabled real-time outbreak detection and response, strengthening national preparedness and demonstrating how innovation can safeguard health security amid humanitarian crises.”

“Since 2019, with PIP funding, South Sudan has made remarkable progress in strengthening its national influenza surveillance system. [The] support enabled the procurement of our first PCR machine, the establishment of six sentinel sites, and the testing of over 4 000 samples in just two years… Regular data submission to FluNet and the development of a draft pandemic preparedness plan are clear signs of the country's growing leadership in public health emergency preparedness and response – achievements made possible with your partnership.”

Dr Joseph Lasu
Director of Emergency Preparedness and Response, Ministry of Health, South Sudan

Dr Obaidullah Malik
CEO, Drug Regulatory Authority, Pakistan

“From Pakistan’s perspective, the PIP Framework’s regulatory preparedness support was very supportive in strengthening the National Regulatory Authority’s ability for priority evaluation and approval of pandemic-related products, ensuring quicker access to vaccines and diagnostics. This technical assistance has enhanced emergency response efficiency and regulatory resilience, contributing to global health security.”

Hon. Dr. Frank C. S. Anthony
MD, MPH, MP,
Minister of Health, Cooperative Republic of Guyana

“Thanks to the invaluable support from the PIP framework, Guyana has successfully established and enhanced epidemiological and laboratory surveillance systems for influenza-like illnesses and severe acute respiratory infections since 2023. This critical advancement has laid a strong foundation for the imminent rollout of Guyana’s seasonal influenza vaccination program in 2025. These efforts are integral components of the country’s broader pandemic preparedness strategy, aligning with the overarching goal of fortifying International Health Regulations (IHR) capacities to ensure a more resilient and responsive public health infrastructure.”

On 23 September 2022 Mary (left), a nurse in Marsabit County, gives a child a routine vaccine at a mobile health clinic in Ntiliya village, Kenya. © WHO / Billy Miaron

Annex 3:

Financial report

Table A.1: PIP Partnership Contribution received from each manufacturer (2012 - 2024)

Status as of 31 December 2024

Contributors	Total Contributions (US$)
Sanofi Pasteur	91,880,415
Glaxosmithkline (GSK)	73,345,617
Hoffmann – La Roche and Co. Ltd.	65,355,758
Seqirus	33,396,110
Novartis	15,292,743
Medimmune	11,556,151
Kaketsuken (K M Biologics)	6,614,476
Research Foundation for Microbial Disease of Osaka University (BIKEN)	6,459,328
Denka Seiken Co. Ltd.	4,631,388
Kitasato Daiichi Sankyo Vaccine Co. Ltd. (Daiichi Sankyo Vaccine CO.Ltd.)	3,981,715
G C Pharma (Ex-Green Cross Corporation)	3,378,414
CSL Limted	2,667,745
Instituto Butatan	2,730,303
Sinovac Biotech Ltd.	1,453,267
Shanghai Institute of Biological Products Co., Ltd.	1,082,381
Hualan Biological Bacterin Inc.	817,303
S K Bioscience	734,305
Fluart Innovative Vaccines LTD	667,785
Adimmune Corporation	625,949
Becton Dickinson and Company (BD)	341,432
Institute of Virology, Vaccines and Sera Torlak	294,582
Beijing Tiantan Biological Procucts Co. Ltd.	235,234
Baxter International Inc.	209,238
Changchun Institute of Biological Products Co., Ltd. CNBG	402,046
Saint-Petersburg Scientific Research Institute of Vaccines & Sera	168,888
DiaSorin Molecular LLC	155,658
Omninvest Vaccine Manufacturing, Researching & Trading Ltd.	149,518
Alere Inc.	117,159
Takeda Pharmaceuticals Internatioanl GmbH	115,025
Focus Diagnostics, Inc.	83,844
CNBG- Wuhan Institute of Biological Products Co.,Ltd.	52,678
Beijing Bio-Institute biological Products Co. Ltd (BBIBP)	49,798
Qiagen	61,512
Serum Institute of India Ltd.	48,335
The Government Pharmaceutical Organization (GPO)	25,059
Institute of Vaccines and Medical Biologicals (IVAC)	23,303
Quidel Corporation	23,303
China National Biotec Group	20,000
Princeton Biomeditech Corporation	23,303
Cadila Healthcare Ltd. (R&D Center)	82,793
Response Biomedical Corporation	16,762
Cepheid	25,059
Indevr, Inc.	15,389
Fast Track Diagnostics	13,045
Vabiotech	15,230
NPO Petrovax Pharm	10,246
Medicago Inc.	7,439
Nanotherapeutics	5,337
Nanosphere Inc.	4,984
PT Bio Farma (Persero)	4,984
Protein Sciences Corporation	4,984
UMN Pharma Inc.	2,799
Lanzhou Institute of Biological Products	2,173
$ 329,482,292* ($ 295,991,784 net of PSC)	

*The figure does not include interest earned on Response Funds of $13.4 million from 2018–2024.

Table A.2: Fund allocation and expenditure for staff and activities

1 January – 31 December 2024

Output	Deliverable	2024-25 Approved budget	Funds distributed for 2024-25[a]	Expenditure 2024	Implementation on 2024-25 approved budget (%)	Balance funds
Policy and Plans (Output 1)	Health and economic influenza burden of disease informs the development of policy	2,337,844	2,119,258	865,531	37%	1,253,727
	Influenza preparedness policies are strengthened in the context of health systems	1,692,044	1,362,758	1,124,384	66%	238,375
	Pandemic preparedness plans are developed, updated and exercised across sectors	5,781,841	5,053,182	1,563,795	27%	3,489,387
	Policies are developed for equitable and sustained availability of pandemic influenza vaccines and other products	20,000	20,000	-	0%	20,000
	Total for P&P	**9,831,730**	**8,555,199**	**3,553,710**	**36%**	**5,001,489**
Collaborative Surveillance through GISRS (Output 2)	Laboratory capacities, including genomics, are strengthened	8,371,432	7,560,753	2,895,891	35%	4,664,862
	Resilient surveillance systems are improved and maintained in a One Health context	7,954,704	7,035,445	3,091,316	39%	3,944,129
	Total for CS	**16,326,136**	**14,596,198**	**5,987,207**	**37%**	**8,608,991**
Community Protection (Output 3)	Effective infodemic management systems in place	958,083	790,625	469,731	49%	320,894
	Knowledge translation capacity is developed and enhanced	635,958	568,125	254,750	40%	313,375
	Effective infodemic management systems in place	777,458	757,875	427,018	55%	330,857
	Total for CP	**2,371,500**	**2,116,625**	**1,151,499**	**49%**	**634,269**
Access to Countermeasures (Output 4)	Regulatory readiness and resilience in countries is enhanced	2,567,600	2,376,224	1,173,939	46%	1,202,285
	A common approach to managing global access, allocation and deployment of pandemic products including Standard Material Transfer Agreement 2 operationalization is prepared	590,080	446,300	204,835	35%	241,466
	Country capacity to deploy and distribute pandemic products is strengthened	1,084,980	931,200	410,219	38%	520,982
	Total for AC	**4,242,660**	**3,753,724**	**1,788,992**	**42%**	**1,964,732**
	Total for Preparedness Outputs	**32,772,026**	**29,021,746**	**12,481,408**	**38%**	**16,209,481**

Output	Deliverable	2024-25 Approved budget	Funds distributed for 2024-25[a]	Expenditure 2024	Implementation on 2024-25 approved budget (%)	Balance funds
	Undistributed funds[b]					33,135,718
	PSC (13%) on Preparedness funds			1,622,583		
	Grand Total for Preparedness	**32,772,026**	**29,021,746**	**14,103,991**	**43%**	**49,345,199**
PIP Secretariat	Promote the effective implementation of the PIP Framework in a changing environment	2,087,667	1,742,333	1,051,294	50%	691,039
	Collect, implement, monitor and report on the Partnership Contribution	620,375	530,328	263,148	42%	267,180
	Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)	3,070,667	2,682,339	1,021,092	33%	1,661,247
	Total for PIP Secretariat Output	**5,778,709**	**4,955,000**	**2,335,534**	**40%**	**2,619,466**
	Undistributed funds[b]					3,956,424
	PSC (13%) on PIP Secretariat funds			303,619		
	Grand Total for PIP Secretariat	**5,778,709**	**4,955,000**	**2,639,153**	**46%**	**6,575,890**
	Response funds (including PSC 7%)					88,952,858
	Annual interest earned on response funds for 2018-2024					13,427,092
	Grand Total for Response funds	**-**	**-**	**-**	**-**	**102,379,950**
	Grand Total for PIP	**38,550,735**	**33,976,746**	**16,743,144**	**43%**	**158,301,039[c]**

NOTES:

a) "Funds distributed" refers to funds available for 2024-25 implementation in global, regional and country-level work plans.

b) "Undistributed funds" (including PSC) reserved for the remaining 2024-25 approved allocations for PIP Secretariat and PC Preparedness.

c) Includes Response Funds (US$102,379,950, inclusive of PSC and interest accrued), which will only be used during an influenza pandemic.

Fig. A.1: Interim certified financial statement

as of 31 December 2024

World Health Organization

Pandemic Influenza Preparedness (PIP) – Secretariat, Preparedness and Response

Interim Financial Statement as at 31 December 2024
(expressed in US dollars)

	Secretariat - 10%	Response - 30%	Preparedness - 70%	Total
Opening Balance - 1 January 2024*	6,570,622	90,124,293	46,789,369	143,484,284
Revenue				
Receipts from:				
Adimmune Corporation	10,268	27,722	64,686	102,676
Zydus Lifesciences Limited (previously Cadila Healthcare Limited)	1,932	5,215	12,168	19,315
Cepheid	176	474	1,106	1,756
Denka Co., Ltd.	29,851	80,597	188,059	298,507
Fluart Innovative Vaccines Ltd.	5,268	14,223	33,187	52,678
GlaxoSmithKline (GSK)	474,100	1,280,070	2,986,831	4,741,001
Government Pharmaceutical Organization (GPO)	176	474	1,106	1,756
Green Cross Corporation	21,071	56,892	132,748	210,711
Hoffmann-La Roche and Co., Ltd	316,067	853,380	1,991,220	3,160,667
Hualan Biological Bacterin Co. Ltd.	5,268	14,223	33,187	52,678
Indevr, Inc.	176	474	1,106	1,756
K M Biologics Co., Ltd	43,898	118,525	276,559	438,982
Kitasato Daiichi Sankyo Vaccine Co. Ltd.	29,851	80,597	188,059	298,507
Medimmune	61,457	165,935	387,182	614,574
Research Foundation for Microbial Diseases of Osaka University	29,851	80,597	188,059	298,507
Sanofi Pasteur	967,458	2,612,137	6,094,987	9,674,582
Seqirus	580,475	1,567,309	3,656,992	5,804,776
Shanghai Institute Of Biological Products Co., Ltd.	29,851	80,597	188,059	298,507
Sinovac Biotech Ltd.	29,851	80,597	188,059	298,507
SK Bioscience	1,932	5,215	12,168	19,315
Takeda Pharmaceuticals International GmbH	176	474	1,106	1,756
Wuhan Institute of Biological Products Co.Ltd	5,268	14,223	33,187	52,678
Total received	2,644,421	7,139,950	16,659,821	26,444,192
Interest	-	5,115,707	-	5,115,707
Total Revenue	**2,644,421**	**12,255,657**	**16,659,821**	**31,559,899**
Expenditure				
2024	2,639,153	-	14,103,991	16,743,144
Balance as at 31 December 2024	**6,575,890**	**102,379,950**	**49,345,199**	**158,301,039**

*** Opening balance is restated to reflect the reduction of the overpayment by SK Bio in 2023**

I certify that the above statement correctly reflects the revenue and expenditure recorded in the WHO Global Accounting System.

Charlotte Hoy

PP Sushil Kumar Rathi
Comptroller and Director of Finance a.i.
30 April 2025

AN – 60478, 61722 and 61750 – 31.12.2024 – Interim.doc

World Health Organization

Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2024' , To date : '31-DEC-2024' , Award Number : '60478'

Sum of Accounting Amount	
Expenditure Type	**Total (USD)**
Staff Costs	1,791,648
Equipment, Vehicles and Furniture	7,940
Contractual Services	328,468
Travel	195,170
General Operating Costs	12,308
Programme Support (Indirect) Costs	303,619
Total	**2,639,153**

Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2024' , To date : '31-DEC-2024' , Award Number : '61722'

Sum of Accounting Amount	
Expenditure Type	**Total (USD)**
Staff Costs	4,822,236
Medical Supplies and Materials	307,801
Equipment, Vehicles and Furniture	1,319
Contractual Services	4,714,298
Travel	1,472,540
Transfers and Grants	958,369
General Operating Costs	204,845
Programme Support (Indirect) Costs	1,622,583
Total	**14,103,991**

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