Pandemic Influenza Preparedness Framework

PROGRESS REPORT

1 January – 30 June 2018

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

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

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

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

For pandemic preparedness capacity building, activities are implemented according to six outputs under one outcome in the High Level Implementation Plan (HLIP) II 2018-2023. The technical and financial investments of countries and other partners, including GISRS, play a critical role in advancing pandemic preparedness alongside PC investments. Collectively, resources are used to strengthen pandemic preparedness systems, knowledge and capacities. We thank countries and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives.

This report addresses the recommendation from the 2016 PIP Review that WHO develop a progress report that presents overall success metrics and infographics to illustrate progress in PIP Framework implementation. This is the first such report which will be updated every six-months. Technical and financial implementation for HLIP II and the PIP Secretariat are presented. Progress against milestones measured every six months and indicators measured yearly are presented cumulatively from 1 January 2018.

For financial implementation, progress is reported against the biennial workplan allocation. 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 reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement (ICFS).

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

The report is structured as a series of infographics as follows:

- PIP Framework implementation overview (pages 6 – 7)
- Technical and financial implementation progress (pages 8 – 17)
- Financial annex including ICFS (reported annually only)
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFR</td>
<td>WHO African Region</td>
</tr>
<tr>
<td>AG</td>
<td>Advisory Group</td>
</tr>
<tr>
<td>AMR</td>
<td>WHO Region of the Americas</td>
</tr>
<tr>
<td>BM</td>
<td>Biological Material</td>
</tr>
<tr>
<td>BOD</td>
<td>Burden of Disease</td>
</tr>
<tr>
<td>CC</td>
<td>Collaborating Centre</td>
</tr>
<tr>
<td>CRP</td>
<td>Collaborative Registration Procedure</td>
</tr>
<tr>
<td>CVV</td>
<td>Candidate Vaccine Virus</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (United Kingdom)</td>
</tr>
<tr>
<td>DG</td>
<td>Director-General</td>
</tr>
<tr>
<td>EB</td>
<td>Executive Board</td>
</tr>
<tr>
<td>EMR</td>
<td>WHO Eastern Mediterranean Region</td>
</tr>
<tr>
<td>DEP</td>
<td>Planning for Deployment</td>
</tr>
<tr>
<td>EQAP</td>
<td>External Quality Assessment Programme</td>
</tr>
<tr>
<td>EUR</td>
<td>WHO European Region</td>
</tr>
<tr>
<td>GIP</td>
<td>Global Influenza Programme</td>
</tr>
<tr>
<td>GISRS</td>
<td>Global Influenza Surveillance and Response System</td>
</tr>
<tr>
<td>GSD</td>
<td>Genetic Sequence Data</td>
</tr>
<tr>
<td>HAI</td>
<td>Human Animal Interface</td>
</tr>
<tr>
<td>HLIP</td>
<td>High-Level Implementation Plan</td>
</tr>
<tr>
<td>ICFS</td>
<td>Interim Certified Financial Statement</td>
</tr>
<tr>
<td>IDP</td>
<td>Institutional Development Plan</td>
</tr>
<tr>
<td>ILI</td>
<td>Influenza-like Illness</td>
</tr>
<tr>
<td>IPPP</td>
<td>Influenza Pandemic Preparedness Planning</td>
</tr>
<tr>
<td>ISID</td>
<td>International Society for Infectious Diseases</td>
</tr>
<tr>
<td>ISST</td>
<td>Infectious Substances Shipping Training</td>
</tr>
<tr>
<td>IVPP</td>
<td>Influenza Virus with Pandemic Potential</td>
</tr>
<tr>
<td>IVTM</td>
<td>Influenza Virus Traceability Mechanism</td>
</tr>
<tr>
<td>L&amp;S</td>
<td>Laboratory and Surveillance Capacity Building</td>
</tr>
<tr>
<td>LMIC</td>
<td>Low and Middle Income Countries</td>
</tr>
<tr>
<td>MS</td>
<td>Member State</td>
</tr>
<tr>
<td>NIC</td>
<td>National Influenza Centre</td>
</tr>
<tr>
<td>NITAG</td>
<td>National Immunization Technical Advisory Groups</td>
</tr>
<tr>
<td>NRA</td>
<td>National Regulatory Authority</td>
</tr>
<tr>
<td>NVDP</td>
<td>National Vaccine Deployment Plan</td>
</tr>
<tr>
<td>PC</td>
<td>Partnership Contribution</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction</td>
</tr>
<tr>
<td>PIP</td>
<td>Pandemic Influenza Preparedness</td>
</tr>
<tr>
<td>PIRM</td>
<td>Pandemic Influenza Risk Management</td>
</tr>
<tr>
<td>PISA</td>
<td>Pandemic Influenza Severity Assessment</td>
</tr>
<tr>
<td>PQ</td>
<td>Prequalification</td>
</tr>
<tr>
<td>PSC</td>
<td>Programme Support Costs</td>
</tr>
<tr>
<td>QMS</td>
<td>Quality Management Systems</td>
</tr>
<tr>
<td>RCCE</td>
<td>Risk Communications and Community Engagement</td>
</tr>
<tr>
<td>REG</td>
<td>Regulatory Capacity Building</td>
</tr>
<tr>
<td>RO</td>
<td>Regional Office</td>
</tr>
<tr>
<td>RRT</td>
<td>Rapid Response Teams</td>
</tr>
<tr>
<td>SAGE</td>
<td>Strategic Advisory Group of Experts</td>
</tr>
<tr>
<td>SARI</td>
<td>Severe Acute Respiratory Infection</td>
</tr>
<tr>
<td>SEAR</td>
<td>WHO South-East Asia Region</td>
</tr>
<tr>
<td>SFP</td>
<td>Shipping Fund Project</td>
</tr>
<tr>
<td>SMTA2</td>
<td>Standard Material Transfer Agreement 2</td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Advisory Group</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>US CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>US HHS</td>
<td>United States Department of Health and Human Services</td>
</tr>
<tr>
<td>VCM</td>
<td>Vaccine Composition Meeting</td>
</tr>
<tr>
<td>WER</td>
<td>Weekly Epidemiological Record</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WPR</td>
<td>WHO Western Pacific Region</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
IMPLEMENTATION OVERVIEW
**PIP PC collection**

PERCENTAGE OF TOTAL PC RECEIVED BY YEAR OF INVOICE

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>98%</td>
<td>96%</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>63%</td>
</tr>
</tbody>
</table>

**TARGET 28M /YEAR**

**$145M CONTRIBUTED BY INDUSTRY**

1 In 2012, contributions were made voluntarily
2 PC collection for previous unpaid contributions and 2018 invoices is in process

**PIP PC financial implementation**

PREPAREDNESS

BIENNIAL BUDGET: $31M
FUNDED: $16M
IMPLEMENTED: $7.5M

IMPLEMENTATION BY HLIP II OUTPUT

US$ in thousands

<table>
<thead>
<tr>
<th>Output</th>
<th>Biennial Budget</th>
<th>Funded</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;S</td>
<td>3,000</td>
<td>2,000</td>
<td>1,000</td>
</tr>
<tr>
<td>REG</td>
<td>2,500</td>
<td>1,500</td>
<td>500</td>
</tr>
<tr>
<td>RCCE</td>
<td>3,000</td>
<td>2,000</td>
<td>1,000</td>
</tr>
<tr>
<td>DEP</td>
<td>3,000</td>
<td>2,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**PIP SECRETARIAT**

BIENNIAL BUDGET: $6.8M
FUNDED: $2.8M
IMPLEMENTED: $1.3M

**RESPONSE**

TOTAL IN RESERVE (WITH PSC): $39M

**Legend**

- Biennial budget
- Funded
- Implemented

**PIP Framework outcome indicators**

OUTCOME

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2017 Baseline</th>
<th>Status</th>
<th>2019 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Member States sharing IVPPs with GISRS according to WHO IVPP sharing guidance</td>
<td>N/A</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>% of Member States reporting to FluNet (sustainability indicator)</td>
<td>86%</td>
<td>≥85%</td>
<td></td>
</tr>
<tr>
<td>% of Member States reporting to FluID</td>
<td>54%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>% of Member States with BoD estimates considered by NITAG</td>
<td>N/A</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>No. of Member States that have implemented regulatory approach</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>% of Member States that developed or updated a pandemic influenza preparedness plan</td>
<td>25%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>% of companies reached to negotiate that signed an SMTA2</td>
<td>34%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>% of Partnership Contributions received in the year of invoice</td>
<td>N/A</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
**PIP Biological Materials shared**

**PIP BMs RECORDED IN IVTM**

**FROM 1 SEPTEMBER 2017 TO 31 AUGUST 2018:**

- 184 VIRUS SUBTYPES RECORDED: A(H1), A(H3), A(H5), A(H7), A(H9)

**TOTAL SINCE 1 DECEMBER 2012:**

- 844 PIP BMs RECORDED

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

**SMTA2**

**SMTA2 WITH VACCINE & ANTIVIRAL MANUFACTURERS**

- **Large / multi-national manufacturers**
  - >75M pandemic production
  - 6 OF 6 CONCLUDED

- **Medium-sized manufacturers**
  - >5M and <75M pandemic production
  - 6 OF 10 CONCLUDED

- **Small manufacturers**
  - <5M pandemic production
  - 0 OF 16 CONCLUDED

**>400M DOSES SECURED**

**SMTA2 WITH DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS**

- SECURED ACCESS TO
  - 10M (5M SECURED BEFORE PIP FRAMEWORK) TREATMENT COURSES OF ANTIVIRALS

- SECURED
  - 250,000 DIAGNOSTIC KITS

- NEW:
  - 25M SYRINGES

- 65 SMTA2 WITH ACADEMIC & RESEARCH INSTITUTIONS

- 29 BENEFIT-SHARING OFFERS ACADEMIC & RESEARCH INSTITUTIONS

**PIP Framework governance**

On 11-13 April 2018, the Secretariat held the 14th PIP Advisory Group meeting in Geneva, which included an afternoon of consultation with industry and other PIP Framework stakeholders.

On 10 April 2018, the Secretariat held an Information Session on GISRS and the PIP Framework. The session was attended by more than 40 Member States and a wide range of stakeholders. The webcast from the session can be found at:

[http://www.who.int/influenza/pip/10_April_Info_Session/en/](http://www.who.int/influenza/pip/10_April_Info_Session/en/)

In September 2018, the Secretariat will circulate the first draft of the Analysis on the scope of the PIP Framework as requested by the World Health Assembly in Decision 70(10)². This draft will be discussed by Member States and stakeholders at the 15-16 October 2018 consultations on the implementation of Decision WHA70(10)8b.
IMPLEMENTATION PROGRESS
Laboratory & surveillance

BIENNIAL BUDGET: $20.5M | IMPLEMENTED: $5.2M

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

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

INDICATORS

- Number of risk assessments published
- Number of MS reporting to PISA

HIGHLIGHTS
- 54 countries were trained in influenza severity assessment. WHO is supporting countries to establish thresholds, analyse and share their assessments.
- 36 countries are strengthening surveillance and laboratory core capacities, including through trainings for RRT, influenza sentinel surveillance and outbreak investigation.
- 41 human animal interface activities including risk assessments, coordination meetings and trainings were conducted for zoonotic influenza.
- In addition, 9 influenza courses are now available at OpenWHO.org

Funds implemented cumulatively at deliverable level (excluding PSC)
Proportion of funds implemented from the biennial budget
Deliverable name

Biennial budget & funds implemented cumulatively at Output level (excluding PSC)
Milestones: progress updated every six months

MILESTONES
- 2 PISA trainings completed
- 18 Outbreak detection & response trainings
- 41 Meetings, workshops, joint investigation & risk assessments

INDICATORS

- 10 BASLINE
- Status PENDING
- 30 TARGET
- Number of risk assessments published

- 13 BASLINE
- Status PENDING
- 34 TARGET
- Number of MS reporting to PISA

Highlights from the latest six-month reporting period

Biennal budget & funds implemented cumulatively at Output level (excluding PSC)
Milestones: progress updated every six months

Output name & statement

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

INDICATORS

- Number of risk assessments published
- Number of MS reporting to PISA

HIGHLIGHTS
- 54 countries were trained in influenza severity assessment. WHO is supporting countries to establish thresholds, analyse and share their assessments.
- 36 countries are strengthening surveillance and laboratory core capacities, including through trainings for RRT, influenza sentinel surveillance and outbreak investigation.
- 41 human animal interface activities including risk assessments, coordination meetings and trainings were conducted for zoonotic influenza.
- In addition, 9 influenza courses are now available at OpenWHO.org

Funds implemented cumulatively at deliverable level (excluding PSC)
Proportion of funds implemented from the biennial budget
Deliverable name

Biennial budget & funds implemented cumulatively at Output level (excluding PSC)
Milestones: progress updated every six months

Output name & statement

OUTPUT READING GUIDE
Laboratory & surveillance

**BIENNIAL BUDGET: $20.5M | IMPLEMENTED: $5.2M**

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

---

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

**MILESTONES**
- PISA trainings completed → 43 countries from 3 regions participated
- Outbreak detection & response trainings → 36 countries from 5 regions participated
- Meetings, workshops, joint investigation & risk assessments → 83 countries from 6 regions participated

**INDICATORS**
- Number of risk assessments published
- Number of MS reporting to PISA

**HIGHLIGHTS**
- 54 countries were trained in influenza severity assessment. WHO is supporting countries to establish thresholds, analyse and share their assessments.
- 36 countries are strengthening surveillance and laboratory core capacities, including through trainings for RRT, influenza sentinel surveillance and outbreak investigation.
- 41 human animal interface activities including risk assessments, coordination meetings and trainings were conducted for zoonotic influenza.
- In addition, 9 influenza courses are now available at OpenWHO.org

---

**DELIVERABLE B**
Quality influenza virus detection capacity is sustained

**MILESTONES**
- Laboratory trainings, missions and visits completed → 72 countries from 6 regions participated

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

**INDICATORS**
- Proportion of MS that were 100% correct for non-seasonal virus identification
- Proportion of MS that were 100% correct for seasonal virus identification

**HIGHLIGHTS**
- Laboratory strengthening activities such as laboratory assessments, QMS capacity-building missions, and trainings in diagnostic methods and specimen handling were conducted in 72 countries.
- WHO coordinates yearly PCR EQAP for GISRS and other national influenza laboratories. The 2018 panel was sent out and results are pending. WHO and GISRS will support laboratories to improve performance as needed.

---

**DELIVERABLE C**
Countries are supported to consistently report influenza data to global platforms

**MILESTONES**
- Regional meetings held to improve global surveillance systems → 116 countries from 4 regions participated
- Trainings, missions & other types of support for surveillance provided → 90 countries from 6 regions participated
- Regional bulletins published → 4 regions involved

**INDICATORS**
- Proportion of MS reporting to FluNet
- Proportion of MS reporting to FluID

**HIGHLIGHTS**
- 5 regional meetings were held to discuss influenza trends and improve surveillance practices. This involved countries, GISRS institutions and other partners.
- WHO supported 83 countries on surveillance data management to streamline reporting to regional/global platforms. This was done through remote technical support, regional and country meetings.
- Regional influenza bulletins are used by countries for monitoring influenza activity and to support decision-making. Countries are encouraged to produce national bulletins.
**Laboratory & surveillance**

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

- **INDICATORS**
  - Proportion of MS sharing IVPPs with GISRS: 18% (IMPLEMENTED)
  - Proportion of MS sharing isolates/clinical specimens with CCs: 82% (IMPLEMENTED)

- **MILESTONES**
  - 4 Trainings on infectious substance shipping provided
  - 155 Shipments made using the SFP

- **HIGHLIGHTS**
  - Influenza virus sharing enables GISRS global monitoring, risk assessment and response.
  - To ship infectious substances, laboratory staff must be certified. 4 ISST were held in 2 regions to certify staff.
  - WHO’s Shipping Fund Project provides funds to enable countries to share influenza viruses up to four times per year. This facilitates the timeliness of viruses characterized by GISRS. In this reporting period, 155 shipments were made.

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

- **INDICATORS**
  - Number of zoonotic viruses & other IVPPs characterized by GISRS: 19% (BASELINE)

- **MILESTONES**
  - 10 Protocols and guidance reviewed, including translations
  - 1 Vaccine Composition Meeting consultations completed

- **HIGHLIGHTS**
  - WHO IVPP sharing guidance, Seasonal influenza virus sharing guidance, and the updated NIC TOR were disseminated in all Regions in relevant languages to facilitate country utilization of these documents.
  - GISRS closely monitors zoonotic influenza viruses for genetic and antigenic evolution to select additional CVVs required. During the VCM held in February 2018, 1 new A(H5N6) CVV was proposed.
**Burden of Disease**

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

**DELIVERABLE A**
Representative national, regional and global disease burden estimates are available

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>STATUS</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
</table>
| Number of MS with published disease burden estimates based on data collected since 2011 | 19 baseline, 28 pending | • Influenza disease burden estimates are valuable to guide influenza policy development, and implementation of preventive measures. Globally, 23% of countries have estimated or published their national/sub-national BOD estimates using data. 36 countries have established a plan to estimate BOD.  
• Developing regional and global BOD estimates inform both national and international decision-making bodies on influenza preventive measures. To date, 53 countries have shared disease burden data for use in regional or global estimates.  
• In addition, 2 online courses are now available at OpenWHO.org to assist countries in BOD calculation: (1) Estimating the disease burden associated with seasonal influenza, and (2) Estimating economic impact of seasonal influenza. |

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

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>STATUS</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
</table>
| Proportion of MS with burden of disease estimates that have been considered by NITAG or other decision-making bodies | N/A baseline, 30 pending | • Calculating the proportion of countries with influenza burden estimates that have been considered by decision-making bodies is challenging. Progress reported here is based on country/regional self-report since the policy development process and impact on policy is rarely published.  
• WHO is trying to identify a more systematic approach to monitor progress on this Deliverable. In discussion with the BOD steering committee and WHO regional offices on the benefits and challenges, a periodic country survey is under consideration. |
**Regulatory capacity building**

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

### DELIVERABLE A
National regulatory capacity for pandemic influenza products is strengthened

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

**MILESTONES**

<table>
<thead>
<tr>
<th>MILESTONE</th>
<th>STATUS</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Refinements made to WHO Global benchmarking tool</td>
<td>PENDING</td>
<td>4</td>
</tr>
<tr>
<td>1 Country benchmarked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 IDP follow-up visits and implementation activities</td>
<td></td>
<td>6 countries 2 regions</td>
</tr>
</tbody>
</table>

**INDICATOR**

- Number of MS which strengthened national regulatory capacity to oversee pandemic influenza products

**HIGHLIGHTS**

- WHO’s global benchmarking tool was revised through public consultation to strengthen national regulatory capacity development and global harmonization.
- In 6 of the 16 PIP recipient countries, regulatory capacity strengthening activities including self-benchmarking and IDP implementation were conducted. Six countries also attended WHO CC pharmacovigilance training workshops.
- Challenges for national IDP implementation include political instability, NRA restructure and public health emergencies (e.g. Ebola). To sustain IDP implementation, WHO teams routinely followed up and technically supported affected countries.

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

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

**MILESTONES**

<table>
<thead>
<tr>
<th>MILESTONE</th>
<th>STATUS</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 PIP regulatory guidelines translated to 5 languages</td>
<td>PENDING</td>
<td>10</td>
</tr>
<tr>
<td>3 Workshops/trainings conducted to implement the PIP regulatory guidelines linking national IPPP &amp; NVDP for pandemic influenza vaccines</td>
<td></td>
<td>38 countries from 6 regions</td>
</tr>
</tbody>
</table>

**INDICATOR**

- Number of MS that have implemented a defined regulatory approach that enables timely approval for use of pandemic influenza products

**HIGHLIGHTS**

- Regulatory pathways to accelerate approval of products during emergencies include PQ and CRP. 38 countries were supported to participate in a WHO meeting on CRP and/or in an annual PQ assessment training.
- Country follow-up to advance adoption of regulatory pathways is critical. To enable this, nine global facilitators were trained through ‘Global Learning Opportunities’ courses on facilitation skills. This will improve the delivery and transfer of technical knowledge and skills to countries.
# Risk Communications & Community Engagement

**BIENNIAL BUDGET:** $2M  |  **IMPLEMENTED:** $584K

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

## MILESTONES

<table>
<thead>
<tr>
<th>DELIVERABLE A</th>
<th>Countries and frontline responders have access to resources for influenza risk communication, community engagement and social science-based interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATORS</strong></td>
<td>Number of users who completed OpenWHO influenza modules</td>
</tr>
<tr>
<td><strong>TARGET</strong> 12,500</td>
<td><strong>STATUS</strong> 2,430</td>
</tr>
<tr>
<td><strong>13</strong> Guidance/modules available on OpenWHO</td>
<td><strong>BASELINE</strong> 57%</td>
</tr>
<tr>
<td><strong>13</strong> OpenWHO advocacy &amp; marketing events</td>
<td><strong>PENDING</strong> 43%</td>
</tr>
<tr>
<td><strong>2</strong> RCCE factors mapped in <strong>1</strong> priority country</td>
<td><strong>IMPLEMENTED</strong> $366K</td>
</tr>
</tbody>
</table>

## DELIVERABLE B

<table>
<thead>
<tr>
<th>Technical assistance is provided to countries to plan and exercise influenza risk communication and community engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATORS</strong></td>
</tr>
<tr>
<td><strong>TARGET</strong> 12,500</td>
</tr>
<tr>
<td><strong>19</strong> Partners identified</td>
</tr>
<tr>
<td><strong>19</strong> Partners contacted</td>
</tr>
<tr>
<td><strong>0</strong> Plan of action developed</td>
</tr>
<tr>
<td><strong>0</strong> Evidence of approach alignment available</td>
</tr>
</tbody>
</table>

## HIGHLIGHTS

- **OpenWHO.org** has learning resources for pandemic influenza preparedness. PIP funds are used to maintain and promote the platform, develop RCCE specific courses as well as support the production process for other materials uploaded.
- Socio-cultural factors can impact disease spread and are important to consider in the design and delivery of public health interventions. Factors for pandemic influenza were identified and different processes to gather information defined. Two pilot countries are planning to map RCCE factors, one of which has already mapped two factors (language and religious leader networks).

- **RCCE plans were developed in 3 countries, and a regional plan was developed in one region.**
- **WHO’s SocialNet** is a global surge capacity of anthropologists and social scientists equipped to support emergency response operations. Experts from SocialNet were deployed to three non-influenza outbreaks (Ebola, Listeriosis and Lassa fever) to sustain skills and capacities (non-PIP funded).
- Collaborations ongoing to leverage resources and capacities with UNICEF, CORE Group, Johns Hopkins University, iNSIST project, University of Dakar, Wellcome Trust, DFID, and ISID.
**Planning for Deployment**

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

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

**INDICATOR**

- **Annual simulation exercise conducted to test global deployment of pandemic influenza vaccines and other products**

**HIGHLIGHTS**

- PIP Deploy is a simulation portal that enables stakeholders (countries, manufacturers, etc.) to test vaccine allocation, coordination and distribution. Next steps from the November 2017 global simulation include (a) formative work with stakeholders on plans/procedures for deploying vaccines, and (b) refinement of the PIP Deploy application. Progress in January-June was limited due to delays in staff recruitment. Staff are now on board and activities will scale-up from July onwards.

**MILESTONES**

- PIP Deploy refinements to facilitate planning, allocation and coordination
- Advocacy meeting for a common approach completed

**TARGET**

- Baseline: 1
- Pending: 0
- Target: 3

**STATUS**

- Baseline: 1
- Pending: 0
- Target: 3

**IMPLEMENTED**

- 1

**BIENNIAL BUDGET:** $1.5M | **IMPLEMENTED:** $76K

**DELIVERABLE B**
National deployment planning process is revised and updated

**INDICATOR**

- Number of countries in each phase of the sustainability assessment process

**HIGHLIGHTS**

- Based on analyses conducted during HLIP I and in consultation with WHO country and regional offices, WHO deployment guidance (2012) remains relevant for countries to develop plans. Supportive tools including infographics and training package are under development to facilitate country use and application of the guidance.

- Questions about national deployment readiness were included in WHO’s global IPPP survey. Responses will help define country support needs and technical assistance required.

**MILESTONES**

- Global guidance revised
- Training, mission, visit and other type of technical support provided to update NVDP

**TARGET**

- Baseline: 0
- Pending: 0
- Target: 0

**STATUS**

- Baseline: 0
- Pending: 0
- Target: 0

**IMPLEMENTED**

- 1

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

**INDICATOR**

- Number of MS that have undergone a national analysis of influenza vaccine procurement or production sustainability

**HIGHLIGHTS**

- Sustainability assessments allow countries to sustain local production (where applicable) and encourage national procurement of seasonal influenza vaccines with the goal of increasing pandemic preparedness.

- Since the assessments started in 2014, 7 have been completed. In this reporting period, one country agreed to undertake an assessment, one started with a kick-off meeting, and 2 finalized and published their assessment reports.

- The assessment provides a platform for multiple sectors, including health, industrial and economic, to identify opportunities for better coherence and coordination among policies and programmes that would enable sustainable production/procurement of influenza vaccines.

**MILESTONES**

- Country engagement & concurrence
- Kick-off meeting completed
- Draft report completed
- Stakeholders workshop held
- Final sustainability assessment report available
- Training, mission, visit and other type of technical support provided

**TARGET**

- Baseline: 0
- Pending: 0
- Target: 0

**STATUS**

- Baseline: 0
- Pending: 0
- Target: 0

**IMPLEMENTED**

- 1

**BIENNIAL BUDGET:** $1.5M | **IMPLEMENTED:** $50K

**Deliverable C activities are supported by US HHS through Cooperative Agreement GH14-1420 between US CDC and WHO. PIP funds were not used to date.**
**Influenza Pandemic Preparedness Planning**

**BIENNIAL BUDGET:** $2.3M  |  **IMPLEMENTED:** $475K

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

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

### MILESTONES
Number of countries in each phase of the IPPP development/revision process

1. Planning meeting held/workshop completed
2. IPPP written or revised
3. IPPP exercised
4. IPPP adjusted based on exercise
5. IPP endorsed

### INDICATORS

- **Proportion of MS that developed or updated a pandemic influenza preparedness plan**
  - STATUS: BASELINE 25% PENDING 75%

- **Proportion of MS that exercised their pandemic influenza preparedness plan**
  - STATUS: BASELINE 5% PENDING 95%

### HIGHLIGHTS

- WHO advises countries to develop pandemic influenza risk management plans that are multi-sectoral and that engage whole-of-society. Plans should be regularly tested and updated to maximize operational readiness.
- 10 countries from 4 regions undertook activities to develop, update or exercise their plans.
- Leveraging other resources, WHO published guidance including essential steps and a checklist for pandemic planning. Training materials and a simulation exercise guide are also being developed. These resources will increase the efficiency of implementation at regional and country level.
- In addition, WHO is conducting (1) a global IPPP survey to assess national pandemic planning needs and (2) an analysis of influenza preparedness plans in the context of other national disease response plans. Findings from the survey and the analysis will inform future support in the context of IHR (2005) core capacities and all-hazard preparedness.
OUTPUT: The PIP Secretariat leads, manages and supports implementation of the PIP Framework

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

- Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework
  - Fact sheets developed
  - Information session held
  - Draft analysis published
  - MS & other stakeholders consulted
  - Analysis submitted to and discussed by EB
  - Analysis submitted to and discussed at WHA

HIGHLIGHTS
- WHO developed 7 Fact Sheets that concisely present basic information about specific topics related to the Analysis such as Biosafety & biosecurity, GSD and Databases, and New Technologies. For more information see http://www.who.int/influenza/pip/Documents_WHA70108b/en/
- WHO worked closely with the PIP AG and WHO CCs to develop the draft Analysis on the scope of the PIP Framework.
- Several talks and presentations on PIP were provided to Member States, Academic Institutions, technical gatherings and other fora.
- 13 Advocacy materials/events completed to promote the PIP Framework to stakeholders

INDICATOR
Proportion of Partnership Contributions received in year of invoice

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

- Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework
  - Fact sheets developed
  - Information session held
  - Draft analysis published
  - MS & other stakeholders consulted
  - Analysis submitted to and discussed by EB
  - Analysis submitted to and discussed at WHA

HIGHLIGHTS
- Delays expected in the issuance of 2018 invoices due to revision of documentation and reconciliation of unpaid contributions.
- Monitoring visits were conducted to AFR, AMR, EMR, SEAR and WPR to discuss timely and quality implementation of activities.
- Financial and technical implementation was monitored through monthly coordination calls and financial monitoring reports. The mid-year compliance check to ensure that fund distribution, budgeting and expenditures are compliant with approved workplans will be completed by August 2018.
- *“Highlights from the Field” on preparedness and capacity-building activities are published in the online PIP newsletter. See: http://www.who.int/influenza/pip/pip_newsletter/en/

INDICATOR
Proportion of Partnership Contributions received in year of invoice

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

- Meetings held and reports submitted to WHO DG or governing bodies to support implementation of section 7 of the PIP Framework
  - Fact sheets developed
  - Information session held
  - Draft analysis published
  - MS & other stakeholders consulted
  - Analysis submitted to and discussed by EB
  - Analysis submitted to and discussed at WHA

HIGHLIGHTS
- 2 SMTA2s were concluded with manufacturers between January and June 2018: one with influenza vaccine manufacturer Takeda (8% donation and 2% reserved pricing) and one with influenza diagnostics manufacturer Becton Dickinson (25 million syringe donation).
- For more information on the agreements signed to date and related benefits http://www.who.int/influenza/pip/benefit_sharing/smta2_signed/en/