WHO Meeting of the PIP Framework Partnership Contribution

Independent Technical Expert Mechanism (PCITEM) Meeting

2-4 September 2025

SUMMARY MEETING REPORT

Background

The Partnership Contribution Independent Technical Expert Mechanism (PCITEM) was established in 2017 to increase the transparency in the process to approve technical projects funded through the PIP Framework Partnership Contribution (PC) funds. The PCITEM consists of up to eight experts from diverse disciplines, selected to ensure regional and gender balance. PCITEM convenes biennially to review work plans submitted for PC funding.

PCITEM provides scientific and technical guidance and advice to support, improve and finalize the biennial work plans funded under the PC. The PCITEM assesses the appropriateness of proposed projects in contributing to the Outcome and Output targets outlined in the High-Level Implementation Plan 2024–2030 (HLIP III). PCITEM also offers feedback to implementing unit focal points and submits its report to the Director of the Department of Epidemic and Pandemic Management (EPM).

Meeting Objective

To provide scientific and technical guidance and advice to WHO on work plans submitted for funding from the PC under the HLIP III for the 2026-27 biennium.

Participants

The seven current PCITEM members met virtually on 2-4 September 2025 to review progress and the project work plans for 2026-2027.

Seven observers from non-State actors including from two Industry Associations and one Civil Society Organizations registered for the open sessions of the meeting on 2 and 3 September. The list of meeting participants is available in Annex 1.

Proceedings

The three-day meeting was held according to the agenda attached in Annex 2. On the first and second days, WHO technical focal points and regional offices presented work plans for the four HLIP III outputs - Policy and Plans; Collaborative surveillance through GISRS; Community protection; and Access to countermeasures. Interactive discussions ensued to assess each workplan according to it appropriateness, relevance, potential impact, and feasibility. Technical focal points addressed all questions.

On the third day, the PCITEM considered the work plans for each HLIP III output and assessed whether the activities described were scientifically and technically sound, and whether they were likely to contribute to the outcome and output targets of the biennial workplans. PCITEM also considered whether there were any gaps in the work plans and/or potential challenges for their implementation. In addition, PCITEM provided considerations and recommendations on the implementation of pandemic influenza preparedness activities under the PIP PC, as well as overarching considerations related to strengthening preparedness for pandemic influenza.

To facilitate PCITEM's review of the workplans, WHO develops a 'project narrative' for each of the four HLIP III outputs. The project narratives described the scope and context of each output and a summary of

WHO Headquarters and Regional workplans and budgets. The project narratives were submitted to PCITEM in advance of their meeting.

PCITEM provided the following overarching feedback to the EPP Director:

- The four interconnected outputs of HLIP III continue to provide a solid framework for strengthening pandemic influenza preparedness capacities at the national, regional, and global levels. The breadth and quality of work completed across the four output areas in its first biennium is highly commendable.
- The activities planned for the 2026–27 biennium were informed by country-identified priorities, progress made against relevant HLIP III indicators, and the evolving regional and global context for pandemic influenza preparedness.
- The reduction in funding for global influenza work presents a significant challenge for the upcoming biennium. With fewer actors supporting capacity building for pandemic influenza preparedness and response, it is crucial that there be effective collaboration and co-financing between WHO and partners continuing to work in pandemic influenza preparedness and response including Member States, donor partners, industry and civil society.
- Prioritization of activities is therefore essential to ensure the continuation of effective pandemic influenza preparedness in the current landscape. Innovative approaches are encouraged to complete the activities in a more streamlined way.
- To maximise impact and efficiency, WHO should continue to promote collaboration across output teams and support joint implementation efforts across the three levels of the organization.
- Responses to epidemics can be utilised to test for pandemic influenza preparedness, and synergies between routine work and pandemic preparedness can be utilised to minimise duplication of efforts.
- The reduction in funding for global influenza is likely to impact on the effective functioning of the Global Influenza Surveillance and Response System (GISRS). This needs to be considered when implementing HLIP III activities, particularly from Output 2: Collaborative Surveillance through GISRS.
- The project narratives include output and deliverable level budgets, providing the PCITEM with a high-level overview of the financial allocation for each project. The PCITEM noted that while such information is informative, it allows the group to provide only a high-level assessment of financial reasonableness with respect to each project.

PCITEM provided the following advice to WHO as it undertakes implementation of the PC HLIP III:

Output 1: Policy and Plans

There were several synergies noted between the activities for pandemic preparedness planning under Output 1 and activities from other outputs. This includes the inclusion of the core components of risk communication and community engagement (RCCE; Output 3), regulatory readiness (Output 4) and national deployment and vaccination plans (Output 4). These synergies should continue to be considered when implementing activities, by working together across outputs, combining multiple components from the different outputs into the one activity and through sharing of best practice.

Estimates of influenza disease burden provide evidence on the severity and impact of influenza, as well as on the effectiveness of influenza vaccination policies and programmes. This understanding can encourage the development, implementation, and use of such policies and programmes, which in turn may further facilitate broader engagement in surveillance and virus sharing.

Output 2: Collaborative surveillance through GISRS

Given current constraints in global influenza financing, prioritizing the PC countries that are already actively participating in the network for this output for the 2026–2027 biennium is likely to have a higher impact on the overall system. Rather than focus on new countries, with more nascent systems, the aim should be to continue to maintain and strengthen those that have made gains and will continue to provide beneficial data and outputs for the global good.

Output 3: Community protection

Assessing the effectiveness of activities for community protection can be challenging. Many of the indicators focus on activities at the national level, whereas community protection activities often occur at the sub national and local levels. Documenting the gains and the value of the work conducted in the peer reviewed literature for this output is encouraged, especially for infodemic management.

Strengthening the integration of core RCCE components into pandemic preparedness plans remains a priority. This could be advanced by leveraging synergies between teams working on RCCE and those involved in pandemic planning, as outlined under Output 1.

Several targets for this output have been achieved and could be considered for revision during the HLIP III mid-term review.

Output 4: Access to countermeasures

As the work in this output is highly interconnected to Output 1, collaboration is required to ensure synergy between the policies developed for sustainable vaccine production, their regulation, the common global approach for the access, allocation and deployment of pandemic products, and country-level planning for deploying medical countermeasures during a pandemic.

The target for developing or updating pandemic influenza national deployment and vaccination plans may be ambitious for the next biennium, given the activities listed and the number of countries to be supported.

Next Steps

In one year, WHO will provide an update to PCITEM members on the progress of implementation.

Annex 1

LIST OF PARTICIPANTS

PCITEM Members

Eduardo Azziz-Baumgartner
Centers for Disease Control and Prevention Influenza Division

Elena Gavrilova
WHO Collaborating Centre for Studies on Influenza at the Animal-Human Interface, State Research Center of Virology and Biotechnology, Russian Federation

Chung Keel Lee
Former Special Advisor, Ministry of Food and Drug Safety, Republic of Korea

Ian Gonzales
Chief, Public Health Surveillance Division Epidemiology Bureau, Department of Health, Philippines

Manal Labib Fahim
Director of General Department of Epidemiology & Surveillance, Preventive Sector, Ministry of Health & Population, Cairo, Egypt

Annick Mondjo
Director of the Infectious Disease Control Program, Ministère de la Santé et des Affaires Sociales, Libreville, Gabon

Mahbubur Rahman
Institute of Epidemiology, Disease Control and Research, Bangladesh

Registered observers (2 and 3 September open sessions only)

Paula Barbosa
International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

K.M. Gopakumar
Third World Network (TWN)

Kathleen Kaas-Leach
Sanofi

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Developing Countries Vaccine Manufacturers Network (DCVMN)

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Pushpa Wijesinghe
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Regional Office for the Western Pacific

Belinda Herring
Technical Officer

Annex 2

MEETING AGENDA

Tuesday 2 September

Closed session for PCITEM

13.00 – 13.30 Welcome and meeting introduction (PCITEM Chair and EPM Director)

Overview presentation (Jennifer Barragan)

Open session for PCITEM and observers

13.30 – 14.00 Access to Countermeasures Presentations

HQ (Razieh Ostad Ali Dehaghi and Ioana Ghiga)

AMRO (Francisco Nogareda)

14:00 – 14:45 Discussion

14:45 – 15:00 Break

15.00 – 15.20 Community Protection Presentations

HQ (Supriya Bezbaruah HQ)

EMRO (Ruba Hikmat)

15.20 – 16.00 Discussion

Wednesday 3 September

Open session for PCITEM and observers

13.00 – 13.45 Collaborative Surveillance through GISRS Presentations

HQ (Wenqing Zhang)

WPRO (Belinda Herring)

SEARO (Pushpa Wijesinghe)

14.45 – 15.00 Break

15.00 – 15.40 Policy and Plans Presentations

HQ (Vanessa Cozza and Shoshanna Goldin)

EURO (Michala Hegermann- Lindencrone)

AFRO (Lionel Nizigama)

15.40 – 16.30 Discussion

16.30 Close of open session

Thursday 4 September

Closed session for PCITEM members only and WHO (PIP Secretariat and technical teams)