

2020

6-MONTH
REPORT

12-MONTH
REPORT

18-MONTH
REPORT

24-MONTH
REPORT

2021

PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK

18-MONTH PROGRESS REPORT

1 January
2020 – 30 June
2021



World Health
Organization

PIP@10

CELEBRATING A DECADE
OF IMPLEMENTATION

Pandemic Influenza Preparedness Framework: 18-month progress report, 1 January 2020–30 June 2021

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ACRONYMS & ABBREVIATIONS

AFRO	WHO Regional Office for Africa	LMIC	Low and Middle Income Country
AMR	WHO Region of the Americas	L&S	Laboratory and Surveillance Capacity Building
BM	Biological Material	MS	Member State
BOD	Burden of Disease	NIC	National Influenza Center
CC	Collaborating Centre	NITAG	National Immunization Technical Advisory Groups
CRS	Caribbean Regulatory System	NRA	National Regulatory Authority
CVV	Candidate Vaccine Virus	NDVP	National Deployment and Vaccination Plan
DEP	Planning for Deployment	PAHO	Pan American Health Organization
DG	Director-General	PC	Partnership Contribution
EMR	WHO Eastern Mediterranean Region	PIP	Pandemic Influenza Preparedness
EMRO	WHO Regional Office for the Eastern Mediterranean	PISA	Pandemic Influenza Severity Assessment
EQAP	External Quality Assessment Programme	PSC	Programme Support Costs
EUR	WHO European Region	RCCE	Risk Communications and Community Engagement
FoRCCE	Formidable Officers of Risk Communications and Community Engagement	REG	Regulatory Capacity Building
GAP	Global Action Plan for Influenza Vaccines	RT-PCR	Real-time Polymerase Chain Reaction
GBT	Global Benchmarking Tool	SAGE	Strategic Advisory Group of Experts on Immunization
GISRS	Global Influenza Surveillance and Response System	SEAR	WHO South-East Asia Region
GSD	Genetic Sequence Data	SFP	Shipping Fund Project
HLIP	High-Level Implementation Plan	SMTA2	Standard Material Transfer Agreement 2
IDP	Institutional Development Plan	VCM	Vaccine Composition Meeting
IPPP	Influenza Pandemic Preparedness Planning	WG	Working Group
ISST	Infectious Substances Shipping Training	WHA	World Health Assembly
IVPP	Influenza Virus with Pandemic Potential	WHO	World Health Organization
IVTM	Influenza Virus Traceability Mechanism	WPRO	WHO Regional Office for the Western Pacific

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 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 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 six outputs under one outcome in the *High Level Implementation Plan (HLIP) II 2018-2023*. The technical and financial investments of countries and 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 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 II*, Section 6.

This reporting format addresses the recommendation from the 2016 PIP Review that WHO develop progress reports that present overall success metrics and infographics to illustrate progress in PIP Framework implementation. A progress report is published four times a biennium, and covers technical and financial implementation for HLIP II, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2020.

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.

Response to COVID-19 overshadowed implementation of all activities covered in this report. A central, recurring theme, has been the invaluable global asset that GISRS represents for the global response. The targeted capacity-strengthening activities supported by PIP have also been recognized, and despite slow-downs, some notable results and impact have been achieved, as reflected in this report. Care was exercised at all times to ensure that PIP PC funds were used to implement influenza specific capacity-strengthening activities, and periodic risk assessments were done to manage and, to the extent possible, minimize the impact of COVID-19 on PIP PC implementation.

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

PIP Framework implementation overview

pages 5 - 7

Technical and financial implementation progress

pages 8 - 18

Stories from the field

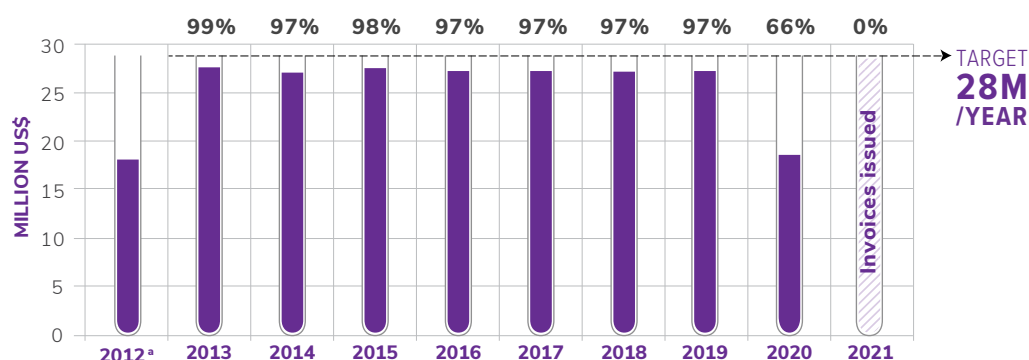
pages 19 - 23

For previous reports, see https://www.who.int/influenza/pip/partnership_contribution/en/

IMPLEMENTATION OVERVIEW

PIP PC collection (As of 30 June 2021)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



\$227.7M

CONTRIBUTED BY
INDUSTRY^b

^a In 2012, contributions were made voluntarily.

^b Figure includes PSC. PC collection for previous unpaid contributions and 2021 invoices is in process. Invoices for 2021 were issued on 25 June 2021. The figure does not include interest earned on Response Funds of \$3.6M in 2018-20.

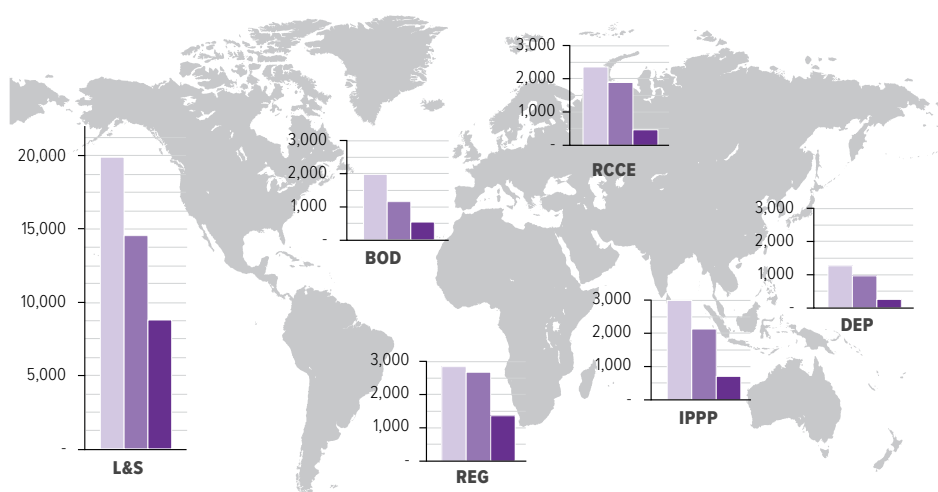
PIP PC financial implementation (As of 30 June 2021)

PREPAREDNESS

2020-2021 BIENNIAL BUDGET: **\$31.4M**

FUNDED: **\$23.4M**

IMPLEMENTED: **\$12.2M**



PIP SECRETARIAT

BIENNIAL BUDGET: **\$5.8M**

FUNDED: **\$4.3M**

IMPLEMENTED: **\$2.5M**

RESPONSE

TOTAL IN RESERVE
(WITH PSC & INTEREST
ACCRUED FOR 2018-20):
\$65M

LEGEND

Biennial budget
Funded
Implemented

PIP Framework outcome indicators

OUTCOME

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

Indicator	2019 Baseline	2020 Status	2021 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=4)	71%	75%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator, N=41)	97%	88%	≥85%
% of PC recipient Member States reporting to FluID (N=41)	81%	73%	70%
% of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=11)	11%	0%	40%
No. of PC recipient Member States that have implemented regulatory approach (N=48)	22	27	23
% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=63)	52%	56%	75%
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	41%	44%	50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	58%	52%	100%

PIP Biological Materials^c shared

PIP BMs RECORDED IN IVTM



FROM 1 JANUARY 2020
TO 30 JUNE 2021:

124

VIRUS SUBTYPES RECORDED:
A(H5N1), A(H9N2), A(H3N2)v, A(H1N1)v, A(H1N2)v,
A(H5N6), A(H7N9), A(H5N8), A(H10N3)



TOTAL SINCE 1 DECEMBER 2012:
1329 PIP BMs RECORDED

^cFor definition of 'PIP Biological Materials',
see PIP Framework Section 4.1

SMTA2: SECURING PRODUCTS FOR PANDEMIC RESPONSE

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

Large / multi-national
manufacturers

>75M

pandemic production



Medium-sized
manufacturers

>5M and <75M

pandemic production



Small
manufacturers

<5M

pandemic production



~10%

OF FUTURE PANDEMIC
PRODUCTION
(>400M DOSES)^d

^dEstimate based on use of existing technologies - figures may vary depending on use of newer technologies.

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



10M

TREATMENT COURSES
OF ANTIVIRALS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



74

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS

**NEW: 1 additional
SMTA2 signed in 2021**



29

BENEFIT-SHARING
OFFERS FROM ACADEMIC
& RESEARCH INSTITUTIONS

PIP Framework governance

The COVID-19 pandemic has continued to challenge all aspects of WHO's work, including implementation of the PIP Framework. As a result of travel restrictions and public health advice, the PIP Framework Advisory Group was held in a virtual format on 22-26 March 2021, preceded by two Technical Briefings on: (1) Advisory Group work to date on Genetic Sequence Data (GSD), and (2) COVID-19 & influenza virus sharing.



The PIP Framework Secretariat is contributing to various initiatives undertaken to improve the response to a pandemic and better prepare for future health emergencies. In particular, there is continued engagement with stakeholders to discuss pandemic vaccine deployment activities with a view to operationalizing the SMTA2 terms and conditions at the time of the next influenza pandemic. Additionally, the Secretariat is supporting the work that WHO is undertaking to develop a BioHub and the International Pathogen Surveillance Network.

IMPLEMENTATION PROGRESS

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_23505

